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ABSTRACT

The purpose of the project was to develop and establish a counseling and vocational guidance service to assist military health personnel in the transition to civilian health programs, and in so doing, establish procedures and guidelines adaptable to other MEDIHC offices in other states. Recognizing that five percent of the discharged Armed Forces Medical Services personnel are separated at bases in Texas, the institution contracted with the Governor's Office of Comprehensive Health Planning to devise ways to direct separatees into health careers, find employment for the fifteen percent already qualified in health occupations, expedite and maximize enrollment of those seeking further training, and after analyzing Texas health manpower shortages, to recommend solutions to this problem. The objectives were met to the satisfaction of the project officer of the contract and to the project staff by dividing the work into five areas: contact of separatees, counseling and vocational guidance, entry into jobs and/or training programs, followup of separatee status, and program evaluation. 891 applications were received in the time reported. Recommendations were made in three areas. (Correspondence, tables, outlines, and application forms are included.) (AG)

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OPERATION MEDIHC – A FINAL REPORT

submitted to
The Governor's Office of
Comprehensive Health Planning
by
THE UNIVERSITY OF TEXAS
School of Public Health at Houston
Project Director, Daniel J. Schneider, M. D., M. P. H.

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OPERATION MEDIHC IN TEXAS

Military Experience Directed Into Health Careers

March 1970 – June 1971

Preston Smith
Governor of Texas

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This project was supported by Public Health Service formula grant #70142-70 and #71042-71 awarded by Community Health Service, Health Services and Mental Health Administration under Public Law 89-749.

Title VI of the Civil Rights Act of 1964 states: "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Therefore, this project, like every program or activity receiving financial assistance from the Department of Health, Education and Welfare has been operated in compliance with this law.

THE UNIVERSITY OF TEXAS
SCHOOL OF PUBLIC HEALTH
AT HOUSTON

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FOREWORD

The University of Texas School of Public Health at Houston has been under contract with the Governor's Office of Comprehensive Health Planning, during the period March 15, 1970 to June 30, 1971, to implement Texas Project MEDIHC. The purpose of this project was to design and activate an advanced and effective counseling service and vocational guidance support system which would help a maximum number of military health personnel to make a successful transition to civilian health career programs, and in so doing to establish baselines, guidelines and methods adaptable to MEDIHC offices of other States. The experiences and achievements of Texas Project MEDIHC during its initial contract period are presented in this final report.

Accomplishments and findings under the (pilot) Texas MEDIHC Project March 1970 - June 1971 influenced The National Institutes of Health, Bureau of Health Manpower Education to fund the Texas MEDIHC Project at the School of Public Health, June 1971 - June 1972.

The staff of the Texas MEDIHC Project gratefully acknowledges the cooperation and assistance extended us by persons and organizations too numerous to record individually in this report. We especially appreciate the leadership supplied through the cooperative staff of the Governor's Office of Comprehensive Health Planning and particularly by the Project Officer, Mr. Marion Zetzman. Without the leader-

ship from the Department of Defense and staff of the Regional Office of the Department of Health, Education and Welfare (Dallas) our direction of effort may often have been "off course." The imaginative and resourceful contributions from the Texas MEDIHC Task Force provided continuous incentive to the staff and accomplishments which furthered MEDIHC's objectives. The support of the Dean, faculty and administrative officers of the school was constantly inspiring and helpful. Of all the groups to whom we express acknowledgement we place in highest esteem the 900 separatees from the Branches of the Department of Defense who came to us seeking assistance and advice and the employers and educators who welcomed them to their career opportunities. Working with the separatees, employers and educators has been both pleasurable and informative. To the more than 400, to date, who have elected to enter civilian health careers, we express pleasure in having had the opportunity to contribute to their transition and wish them success.

We enter a second year's work with optimism that support and participation will continue by all groups which have been instrumental in the past year and which have brought us many challenges and cherished experiences.

Daniel J. Schneider
Associate Professor
Community Health
School of Public Health
The University of Texas at Houston

Project Director
Texas MEDIHC Project

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PART III.

RECOMMENDATIONS

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FIGURES

TABLES

PART I.

PILOT PROJECT DEVELOPMENT

CHAPTER 1.

BACKGROUND AND PROBLEM IDENTIFICATION

The Military Health Manpower Resource

Approximately 30,000 enlisted men are discharged annually from the Armed Forces Medical Services in the United States. This represents an annual investment of approximately $180,000,000 in training costs by the U. S. taxpayer. These men are a substantial human resource pool for deployment into numerous civilian health service occupations vacancies at a significant dollar savings to the public.

Of the medical personnel discharged annually, approximately five per cent are separated at military bases in Texas. In 1968, an estimated 1,700 trained and experienced corpsmen returned to the State of Texas. Government data indicates that 60 per cent of these 1,700 persons were interested in obtaining additional education, so there was an untapped reservoir of over 1,000 potential health workers in the State during that year. Fifteen per cent, or 225 persons, were qualified for immediate civilian health employment. Unquestionably, this source of potential civilian health workers is not being efficiently used.

The Transition Problem

The majority of returning servicemen (85 per cent) are not able to make an easy transition into civilian health occupations or education programs. For these, two significant problem areas present themselves: 1) the lack of information for making optimum decisions about career choices, and 2) the existence of unfavorable licensure, certification, credit equivalency, advanced standing, and proficiency transfer constraints.

National Concern

In recognition of these problems, a joint communication was issued by the Department of Defense and the Department of Health, Education and Welfare to expedite the implementation of "Operation MEDIHC." Long-range program goals which delineated the design and operation of the pilot project were set forth in November, 1969. These were:

1. Raise the number of former military corpsmen in civilian health employment by five per cent a year for the next five years.
2. Triple the number in education/training programs by 1962.

The State of Texas Governor's Office of Comprehensive Health Planning (a State Health Planning Agency under Sec. 314(a), Public Law 89-749) was considered both practical and possible as the principle administrator and state-level contractor. The Office also had the ability to "open doors" in the State agencies and institutions, boards and commissions, and licensing agencies vital to the success of

Operation MEDIHC. The Office of Comprehensive Health Planning had the necessary financial resources to support a successful effort. That office made a contract with The University of Texas School of Public Health at Houston for an initial one year pilot program (March 15, 1970 to March 15, 1971) for $100,068. (This later was amended to extend the contract period to June 30, 1971 with an additional $29,200.) The purpose of this contract was to design and activate an advanced and effective counseling service and vocational guidance support system capable of helping a maximum number of military health personnel make a successful transition to civilian health career programs.

CHAPTER 2.

CONTRACT SUMMARY

Objectives

1. To develop specific procedures and methods requisite to the most effective use of military experience directed into health careers.
2. To develop and implement systems which will result in job placement in health occupations of the approximate 15 per cent of medically trained separatees who are already professionally qualified for immediate employment in civilian health occupations in Texas.
3. To develop and implement systems to expedite and maximize the enrollment of the 60 per cent of separatees who desire further training into accredited educational/vocational training programs in the health fields, such training leading eventually to employment in a health occupation.
4. To analyze and study health manpower problems in Texas and to recommend specific methods to help solve problems related to the Texas health manpower shortage.

Scope of Work

The contract intended that the following five activities be performed: (1) contact of separatees; (2) counseling and

vocational guidance; (3) entry into jobs and/or training programs; (4) follow-up of separatee status; and (5) program evaluation. The logic of these key five factors is founded in their self adjusting qualities permitting essential changes in methods or procedures to be accomplished in a reflexive fashion based on evaluation of new data as it becomes available to scrutiny and judgement. A simple diagrammatic representation of these five activities is shown in Figure 1.

Contact of Separatees

The DOD was to provide an "Operation MEDIHC" card to each anticipated separatee 90 days prior to discharge. The University of Texas School of Public Health was to contact those medically trained military personnel who applied for the program by submitting the "Operation MEDIHC" card.

Counseling and Vocational Guidance

Professionally trained counselors were to assist separatees in making decisions about the use of their military medical experience in locating employment in civilian health occupations or in entering appropriate civilian training/education programs. Counseling was to help separatees resolve personal obstacles impeding their progress. An orientation program was to coordinate the efforts of the DOD transition counselors and the Project counselors.

SCOPE OF WORK, SELF-ADJUSTMENT SEQUENCE

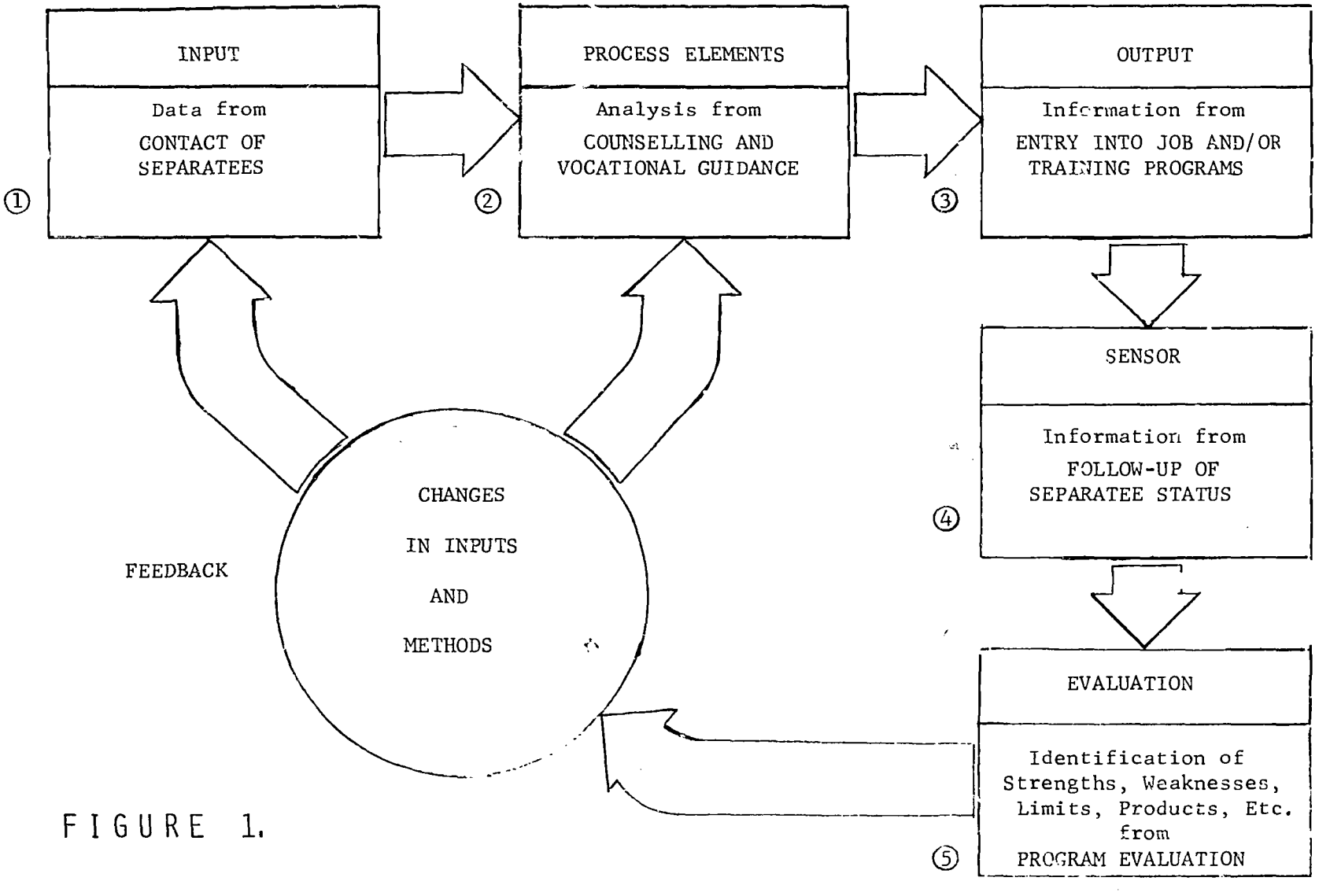


FIGURE 1.

Entry Into Jobs and/or Training Programs

The counselors were to utilize the resources of DOD, The University of Texas, and individual employers and educational facilities to facilitate employment applications and entry into educational programs by the separatee. They were to consider the particular professional, human relations, social and financial circumstances of each separatee.

Follow-Up of Separatee Status

Follow-up studies were to be effected in order to:

1. Assist the individual in his early decision-making process, and
2. Assist in gathering data for evaluating the program's effectiveness in optimally placing the separatees.

Program Evaluation

Evaluation was to be organized to identify strengths and weaknesses in the program, to identify ways to strengthen the program, to set limitations of the program, to establish quantitative measurements of program effectiveness, to suggest methods for long-range operation of the program and to evaluate acceptance of the program by health facilities, educational institutions and related health agencies throughout the State of Texas. (Also, see "Follow-Up" above.)

Methods, Reports, Evaluation, and Recommendations

The methods described in the contract were an initial heuristic, subject to appropriate modification under terms of the contract

activities described above. Reports (periodic and final) were to summarize these experiences and redound them into recommendations (for program modifications and projections for long-range and national program planning).

PART II.

PROGRAM EXPERIENCE

UNDER THE CONTRACT, THE TEXAS MEDIHC PILOT PROJECT UNDERTOOK ACTIVITIES DESIGNED IN ACCORDANCE WITH THE SCOPE OF WORK DICTATES SUMMARIZED IN PART I.

CHAPTER 3.

CONTACT OF SEPARATEES

In compliance with their commitments, the DOD designed a MEDIHC application card and provided certain information materials for distribution to prospective separatees. They also tried to use a computer program for identification of appropriate prospective separatees such that all medically trained ones would be notified. The actual details of the operation and success of this effort are not available to the Project staff. The Project staff was not by law permitted to solicit applications directly.

It is known, however, that the number of applicants received varied substantially over the duration of the contract period. Between March 1970 and June 1971, a total of 891 applications had been received. Table 9 on page 68 shows how these applications were distributed month by month. A start-up peak was experienced in April 1970. This is attributed to initial publicity, but it also includes applications for those whose date of discharge was to be many months in the future.

The initial peak was followed by an irregular drop-off in number of applicants, reaching a low point during the Thanksgiving - Christmas holiday period of 1970. The correlationship of this drop-off to causative factors is unclear. By January 1971, this down trend had

reversed. In February and March, 1971, radio spots promulgated through Roger O. Egeberg and his HEW staff resulted in a great increase in the number of applicants. The radio spots resulted in a substantial number of applications from veterans.

At each of the joint DOD-HEW meetings, separatee contact problems and methods were discussed. Through this medium, such efforts as helpful modifications in the application card, the need for promotional activities such as the radio spots, the instigation of a TV and movie tape, etc. were identified and pursued. Figure 2 shows the content of the application form suggested by the MEDIHC staff. Much of this content was used in modifying the official DOD application card into its present form.

FIGURE 2

OPERATION MEDIHC APPLICATION

PERSONAL BACKGROUND

NAME	RANK	ARMY ☐ NAVY ☐ USAF ☐ OTHER ____	SOCIAL SECURITY NO

MILITARY ADDRESS	ADDRESS AFTER SEPARATION
PHONE:	PHONE:

LIST TWO PEOPLE WHO WILL ALWAYS KNOW WHERE YOU CAN BE LOCATED (DO NOT USE BOTH PARENTS)

NAME ADDRESS PHONE:	NAME ADDRESS PHONE:

DATE OF BIRTH	AGE	PLACE OF BIRTH	DATE OF SEPARATION	LENGTH OF SERVICE
				____YRS.___MOS.

MARITAL STATUS: SEPARATED ☐ NUMBER OF SINGLE ☐ MARRIED ☐ DIVORCED ☐ DEPENDENTS ☐	MILITARY SPECIALTY PRIMARY_____SECONDARY_____

DA FORM 20 (PERSONNEL RECORD) CONSENT: I do ☐ (or) do not ☐ give my consent for release of information for counseling and job placement service in the MEDIHC program. I understand that DA FORM 20 information will be restricted to MEDIHC counseling staff only and not released.	LOCATION PREFERENCE TEXAS (CITY)_____ OTHER _____ SIGNATURE_____ DATE_____

EDUCATION AND WORK BACKGROUND (USE REMARKS SECTION IF REQUIRED)

EDUCATION-CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LAST SCHOOL ATTENDED - YEAR MAJOR | MINOR | DIPLOMA OR DEGREE	(3) PRESENT DUTY OF JOB DESCRIPTION (HOW LONG)
CIVILIAN EDUCATION AND TRAINING (LIST MAJOR COURSES) (1)	(4) OTHER MILITARY EXPERIENCE (HOW LONG)
MILITARY EDUCATION AND TRAINING (LIST COURSES AND LENGTH) (2)	(5) LIST ANY LICENSE OR CERTIFICATION YOU NOW POSSESS

FIGURE 2 (CONTINUED)

1. Please examine the list of allied health careers below. Mark an (A) in column ONE opposite the health occupation in which you are most experienced. Mark a (B) in column ONE opposite the occupation in which you are secondly most experienced. Mark a (C) in column ONE opposite the occupation in which you are thirdly most experienced.

2. Please mark an (A) in column TWO opposite the occupation in which you have first preference for further education and training. Place a (B) in column TWO opposite the occupation to which you give second preference for further education and training. Place a (C) in column TWO opposite the occupation in which you are thirdly most interested.

ONE	TWO		ONE	TWO	
		Dental Laboratory Technician			O.T. or P.T. Aide
		Dentist			Pharmacist
		Dietitian			Pharmacy Assistant
		EEG or EKG Technician			Physical Therapist
		Health Administrator			Physical Therapy Assistant
		Health Educator			Physician
		Hospital Unit Manager			Radiologic Technician
		Inhalation Therapist			Radiologic Technologist
		Laboratory Technician			Registered Nurse
		Laboratory Technologist			Sanitarian
		Licensed Vocational Nurse			Surgical Technician
		Medical Records Technician			Other: _____
		Medical Social Service			_____
		Nurse			_____
		Occupational Therapist			_____
		Optician			_____
		Orderly			_____

REMARKS SECTION (REFERENCE ITEM BEING CONTINUED)

CHAPTER 4.

COUNSELING PROGRAM

Under Article I, page 2, the Project staff sought to activate methods of counseling and vocational guidance support that would effect the placement of a maximum number of separatees. This component of the contract provided for the process elements of the project that had the responsibility of carrying out the primary counseling and support activities leading to sound placement of applicants.

As implied in the contract purpose, this process component called for two essential sub-components: 1) a counseling component and 2) a vocational guidance support system component. The working titles given to these subcomponent programs were, respectively, 1) Counseling Program and 2) Health Occupations Coordination. (This latter program has often been referred to as Health Careers Coordination and is discussed in Chapter 5.)

Counseling Staff and Location

The Texas Project MEDIHC counseling staff operates through three offices. These are located at Houston, San Antonio, and Fort Worth. The Houston base office is at The University of Texas School of Public Health, and the San Antonio and Fort Worth offices are both located on military bases - one Army and one Air Force. Referrals have been stimulated and liaison has been promoted between the Department of

Defense transition counselors and the Texas MEDIHC counselors through placing our field offices on military bases. Orientation of Department of Defense project transition counselors to Project MEDIHC has been effected by personal visits and telephone and mail contact with transition offices on military bases throughout Texas.

Contact of Separatees

Contact with applicants usually began upon receipt of the MEDIHC program application card. Applicants were encouraged to fill out the card 90 days prior to their discharge; however, great variation was encountered. Some cards were completed as early as 18 months before discharge and others as late as 30 months after discharge. In all cases completion of the MEDIHC card was the required first step for entry into the program. All subsequent contact was controlled by assignment to specific counseling programs designed to permit evaluation of several alternative arrangements of counseling methods.

Assignment to Counseling

Many vagaries existed at the time of initial writing of the contract -- such important variables as how many applicants would be received? where would they be separated? where would they want to locate? what would be the constraints impeding their transition? etc., etc. Thus the original methods statement was a heuristic statement, but recognized that (a) decisions are made in response to several levels of information input (information only, dialogue with others, and interaction with ultimate work environment) and, (b) there are efficiencies

to be derived from seeking optimum arrangements by which this information is provided.

The initial heuristic defined five models providing for comparative testing of several arrangements for counseling. These initial models permitted group counseling as well as individual counseling in certain of the arrangements (Figure 3). Group counseling limitations as well as certain other constraints (most notably level of funding) did not permit the extensive application of counseling envisioned in the initial empirical models.

Therefore, in accordance with Article I, paragraph 5, significant changes in the counseling program were instituted early in the contract period. These three new models are illustrated in Figure 4 and are briefly described as follows:

Model One

Applicants available for person-to-person contact were placed in Model 1 and the counselor was allowed to use all supportive techniques, including testing and repeated contacts.

Model Two

Applicants in this model were contacted by telephone and correspondence, and in these communications vocational guidance and counseling were performed as efficiently as possible.

Model Three

Applicants in this model were contacted only through correspondence, with no personal or telephone contact allowed.

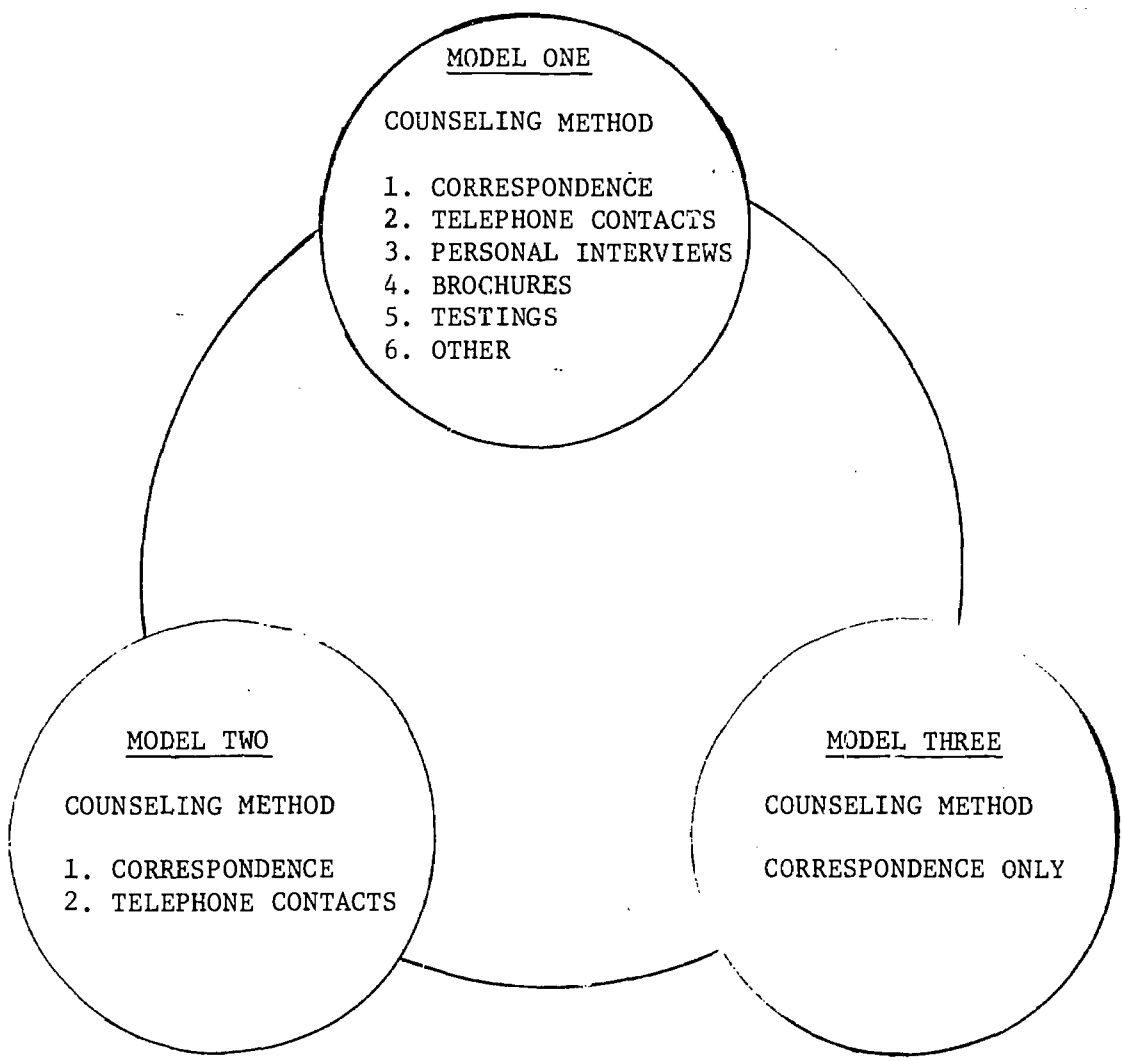
FIGURE 3

COMPARISON OF COUNSELING PROGRAM METHODS

Alternative Plans	Project Separatees Interaction with	Sequence of Counseling and/or Vocational Guidance Activities	Follow-up on Separatee Status
Plan #1 (i.e. San Antonio Region)	Through individual contact by Project Counsellor	a. One-to-one contact b. Group exposure to employers & educators c. Opportunity for repeated counselors contacts	Expedited at 60-day intervals by Project Counselor
Plan #2 (i.e. El Paso)	Through mail contact only from Houston Project Base	a. Form letters b. Job Opportunity Sheets c. Training opportunity announcements d. Correspondence	Expedited at 60-day intervals by the Houston Project
Plan #3 (i.e. Corpus Christi)	Through individual and group contact by Project Counselor	a. Group guidance by Project Counselor b. Group exposure to employers and educators c. One-to-one contact	Expedited at 60-day intervals by Project Counselor
Plan #4 (i.e., Killeen)	Through individual contact by Project Counselor	a. One-to-one counseling b. Testing and review records	Expedited at 60-day intervals by Project Counselor
Plan #5 (i.e., Wichita Falls	Through mail and individual contact by project counselor	a. One-to-one contact	Expedited at 60-day intervals by Project Counselor

FIGURE 4

GRAPHIC ILLUSTRATION OF COUNSELING MODELS SHOWING DIFFERENT COUNSELING METHODS



The bases for assignment of applicants to each of the three models were: (a) into Model One according to geographic criteria, i.e., by designated Texas military bases at the time of separation; and (b) all others were assigned to Models Two and Three as described below.

Data on years in military service were used in assigning applicants to Models Two and Three. Arbitrarily, those of less than 10 years service were designated "short term". Since those with more than 10 years service might present patterns of aspirations, experience, and training that require different treatment, short-term applicants were balanced one-to-one in their respective assignments in order to approximately equalize the number of applicants in Models Two and Three. Long-term applicants were similarly assigned. This arrangement provided bases for fair evaluation of the efficiency of Model Two methods as compared with those of Model Three, and the opportunity to estricate the effects due to "years in service." Figure 5 provides a graphic illustration.

Use of these three models provided useful information concerning comparative effectiveness of counseling arrangements.

Services of the Counseling Program

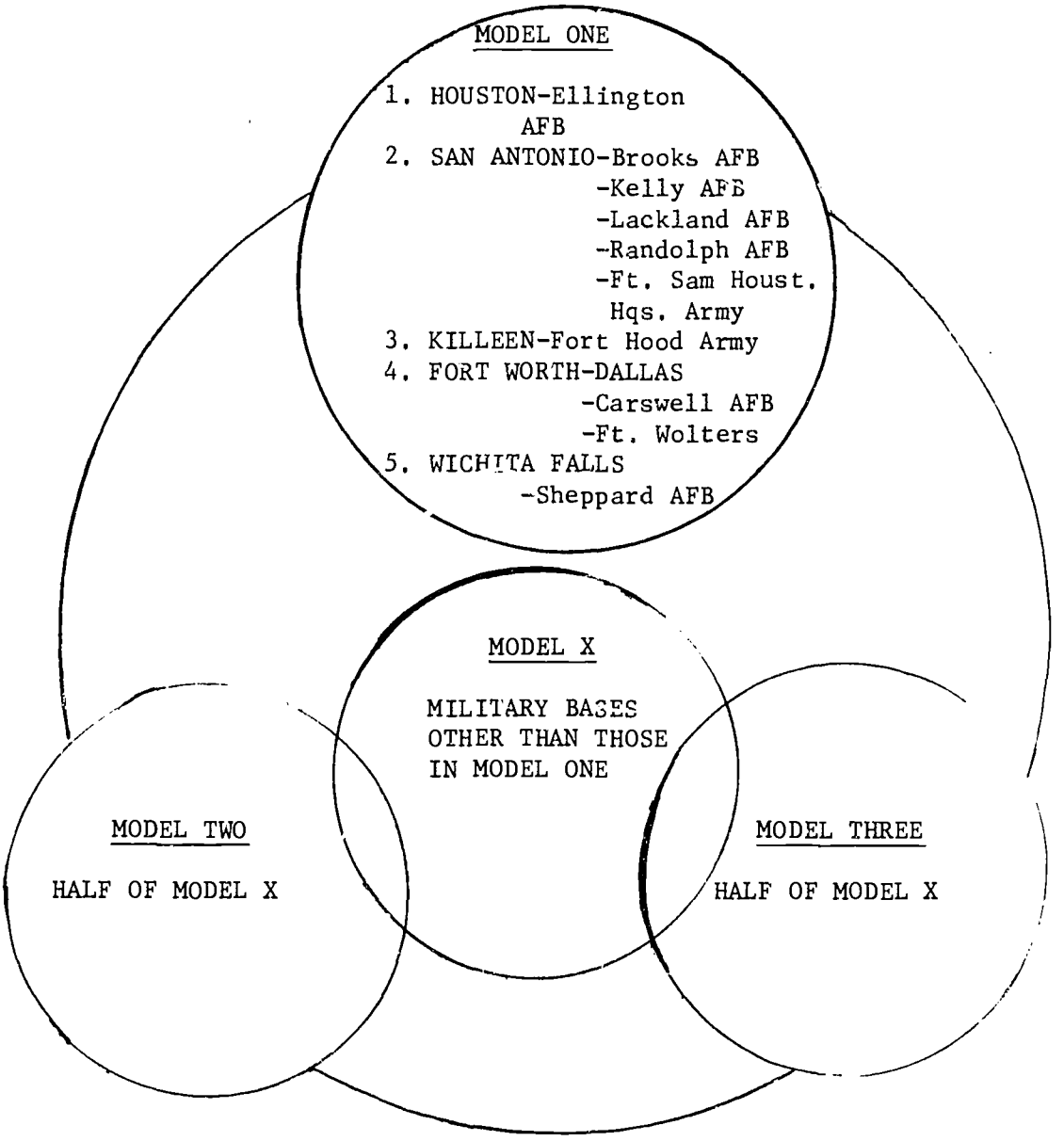
The counseling program has provided service within the following basic areas:

1. The Counselor-Applicant Relationship

The counselor's interest in the applicant's progress and his willingness to participate with the applicant in the transition

FIGURE 5

GRAPHIC ILLUSTRATION SHOWING ASSIGNMENT OF APPLICANTS TO COUNSELING MODELS



process was most important. This provided the applicant with the awareness that the counselor had become a team member with him, contributing directly to the applicant's successful transition into schooling and/or employment. This team concept has been emphasized in the Texas program, and has contributed significantly to the success of our applicants. It is recognized that the transition process is a difficult period of time for many separatees in which they welcome this fundamental support of a counselor who becomes involved with them in transition activities.

2. Provision of Information

Accurate occupational and educational information upon which career decisions can be based was provided. Counselors have repeatedly been made aware of the differences between the military and civilian health care systems. They had to be knowledgeable of both systems to be assistive in the transition process. With the assistance of our Health Careers Coordinator, the counseling program constantly accumulated relevant and dependable information in a Counselor's Handbook for use with program applicants.

3. Expediting Decision-Making

All applicants to the MEDIHC Program have had to make decisions relative to career goals, employment, education, training, income, level of aspiration, geographic considerations,

and a host of other factors. Such decisions were ultimately made by the applicants; however, the counselors have had the responsibility of providing the necessary information and resources which stimulate and effect the decision-making process.

4. Educational and Occupational Information

Counselors provided applicants with a maximum number of alternatives from which to choose. This activity resulted in optimum choices of work, study or combined work/study programs. Alternatives were presented to applicants through the following resources maintained by each counselor.

(a) A counselor's handbook, containing a wealth of health career information.

(b) A health careers information file.

(c) A supply of health careers pamphlets and brochures provided by national, state and local health organizations. These materials were furnished to Project MEDIHC at no cost, and were mailed and handed to applicants profusely. Such materials were extremely helpful and necessary.

(d) An educational facilities file to identify health career training facilities and associated detail of pertinent information.

5. Group Guidance and Community Exposure Activities

It was originally anticipated that applicants would come to Project MEDIHC or could be arranged into groups of ten to twenty men. It was therefore conceived that group guidance techniques

might be applicable; i.e., tours to clinics, hospitals, and schools plus presentations by health career representatives. Experience has demonstrated that these men were referred to us in ones and sometimes by twos, and that their characteristics and interests were too diverse to be amenable to group processes. Group presentations are made regularly to general groups of men being discharged, but only a fraction of individuals in such groups have military medical experience.

Thus, it has been necessary to arrange visits and tours for individuals based on their particular interests and objectives. Arrangements have been made routinely for applicants to visit schools, laboratories, and hospitals to obtain information and other criteria necessary to decision making.

6. Case Recording

A file has been maintained for each applicant, containing the application and associated papers. A Separatee Contact form has been completed after each significant contact with an applicant and includes information relative to status, progress, plans and similar detail. A copy of the Separatee Status Report is exhibited in Figure 6. A counseling record form attached to each folder has been maintained to indicate the services received by each applicant. This record reflects the effort of the counselor to bring about successful transition for the applicant. Case recording includes collection of maximum data for each

FIGURE 6

SEPARATEE STATUS REPORT

Name_____
Last First Initial Soc. Sec. No._____

Check appropriate box:

Status 1 [ ] Contact stage (MEDIHC card received)

Status 2 [ ] Planning and counseling

Status 3 [ ] To seek health career employment

Status 4 [ ] To seek education-training program

Status 5 [ ] To seek work-study program

Status 6 [ ] In health career employment

_____
Job Title

_____
Facility City

Status 7 [ ] In education-training program

_____ _____
Facility City Emp. objective

Status 8 [ ] In work-study program

_____
Job Title Facility City

_____
Education Program Facility City

Status 9 [ ] Employed in non-health related field

Status 10[ ] No response from applicant after initial submittal of MEDIHC card

Status 11[ ] Transferred to other states

Status 12[ ] Other_____
SPECIFY

Counselor's comments, etc. _____

applicant, and may include military training records, abilities, skill inventories, academic records, employment history, test results and objectives.

7. Vocational Testing

The first year of operation has not demonstrated a significant need for vocational testing including evaluations of interest, aptitude and intelligence. But when an applicant and counselor agreed that such testing would be helpful to the applicant for decision making about optional choices, the applicant was referred to the Texas Employment Commission to take the General Aptitude Test Battery.

8. Placement Assistance

Applicants have been assisted in making appropriate contacts with employers and with educational facilities.

(a) Applicant Contacts with Employers of Health Personnel

The counseling program has referred applicants to health personnel employers through personal visits, telephone contacts, and through mailing a roster of currently available separatees. A staff member (Job Information Coordinator) has been responsible for identifying job opportunities on a state-wide basis. Through this means, current information on job opportunities was provided to program counselors. The Job Information Coordinator has also been functional in locating job opportunities for specific applicants referred

by counselors.

MEDIHC Counselors instructed applicants in the protocol of making job applications. Many have welcomed use of the form letter (Figure 7) which introduced them as a participant of Project MEDIHC. The letter contributed to the applicant's direction, confidence, and incentive.

A Roster of Applicants Available for Employment was mailed to approximately 400 employers and schools every three weeks. The Roster included the following applicant information: name, age, civilian objective(s), relevant military experience, date available, geographic preference, and the address and phone where the applicant can be contacted. The Roster has been an effective technique for promoting MEDIHC and placing applicants in direct contact with employers and educators. Approximately 50 applicants were presented in each mailing. Applicants were notified as their names appeared on the Roster. They were asked to submit a listing of contacts received and a summary of the ourcomes of these contacts.

(b) Applicant Contacts with Educational Facilities

Project counselors actively assisted applicants interested in entering schooling programs with the following details.

(1) Obtaining information relative to the procedure for applying for advanced standing,

FIGURE 7

LETTER OF INTRODUCTION

THE UNIVERSITY OF TEXAS AT HOUSTON
SCHOOL OF PUBLIC HEALTH
P. O. Box 20186 Astrodome Station Houston, Texas 77025
(713) 741-0400

TO LOYERS OF HEALTH PERSONNEL:

This letter will introduce _____
who has been discharged from military service, during which he worked in health care services. He is now a participant of Project M.E.D.I.H.C. (Military Experience Directed Into Health Careers) which assists health trained ex-military personnel to find suitable employment and/or training in a health field.

Please evaluate his prior training and experience to determine how he could be employed in your health facility.

Sincerely,

Al Holden
Research Associate

Senior Counselor
Project MEDIHC
Phone 741-0400, Ext. 24

AH:jb

(2) Obtaining school calendars and catalogs relative to course offerings and schedules,

(3) Completing early arrangements to take entrance examinations and to make applications for enrollment.

Program applicants have been encouraged consistently to contact educational facilities as early in the transition process as possible. This early contact has been stressed because of the many steps often required to prepare for enrollment, and because of the periodic nature of class sessions.

MEDIHC program counselors have helped to effect applicant entrance into educational facilities through liaison with the Veterans Administration. They have counseled applicants on existing provisions of the G.I. Bill.

Counselors have also been presented with many opportunities to assist applicants with a great multiplicity of nonprofessional obstacles and problems. These problems have ranged from dress, personal mannerisms, and other behavioral issues to marital problems. Minor problems have been managed by program counselors; however, problems of significant magnitude requiring personal adjustment counseling have been referred to appropriate agencies for assistance.

(c) Counseling Status and Duration of Counseling

When a separatee's application was received, he was placed in an active status and counselors responded to him

within five days. Maximum frequency of contact occurred during the 30 days immediately before and after discharge. This is the most critical period of activity and determines for the most part how successful the transition will be. It is during this period that applicants have the most need for counseling and vocational guidance services. Figure 8 exhibits a form which has been helpful in communicating with applicants. Telephone and personal contacts were employed within the constraints defined by each counseling model. Thus, contact has been maintained with applicants during their transition into civilian life, permitting determination of their initial success or failure in obtaining health career employment or further education in a health career.

As soon as an applicant had accepted a job or entered an educational program, his records were placed in the closed case file. Applicants who have requested additional services after being closed have received additional counseling, with their case being temporarily reactivated.

General Counseling Observations

Case Load

Each counselor has had on average an ongoing case load of about 100 applicants. The per cent of his case load which has been available for placement is approximately 60 per cent, while the remaining 40 per cent were awaiting discharge, with some being dis-

FIGURE 8

APPLICANT CORRESPONDENCE

THE UNIVERSITY OF TEXAS AT HOUSTON
SCHOOL OF PUBLIC HEALTH
P. O. Box 20186 Astrodome Station Houston, Texas 77025
(713) 741-0400

It has been some time since I have been in touch with you about your plans for employment and/or further education after your discharge from military service. I plan to contact you as regularly as possible about developing these plans, and would like to supply you with any specific information you want relative to job opportunities, job requirements and educational opportunities.

During the thirty days before your discharge from military service, I will be in touch with you more frequently in order to be certain that adequate plans have been made for your transition to a civilian health care job or to an educational program of your choice.

Let's use the lines below to relay specific questions or information we may have for each other.

_____

_____

_____

I hope that Project MEDIHC will perform a significant service for you.

Very sincerely,

Al Holden
Research Associate

Senior Counselor
Project MEDIHC

AH/dr

charged each month.

Case Production

The counselors (3.5) have on average placed about 65 applicants in the closed case file each month, with a monthly success rate ranging from 60 per cent to 75 per cent placement into health jobs and/or educational programs.

Communication

The most useful single tool of a MEDIHC program counselor has been the telephone. Ability to communicate quickly with applicants, employers and educational facilities is a daily necessity. It was not possible to exactly quantify the benefits of telephone communication, but its usage facilitated all aspects of our counseling program.

CHAPTER 5.

VOCATIONAL GUIDANCE SUPPORT

In an effort to (1) enhance the effectiveness of the counseling program and (2) gain insights in the dynamics which affect the transition of military health manpower into civilian health careers, members of the MEDIHC staff continuously attempted to identify and explore selected health manpower problems and developments. These efforts involved three general areas of activity:

1. Health Careers Coordination
2. the MEDIHC Handbook
3. Community Involvement

Health Careers Coordination

The Health Careers Coordination staff were involved in the following activities:

- Cooperating with the counseling segment of the project, the career coordination component was able to identify functional disparities between role limitations and expectancies in military vs. civilian job definitions and titles. In so doing, we were able to introduce and expand the utilization of military manpower by new civilian roles such as: clinical associate, unit manager, biomedical technician, hospital technician, and other physician support type personnel.
- Cooperative efforts have been extended to the Air Force component of the MEDIHC program to define extensive study programs for service corpsmen as they advance in their miliary health training. This should improve their performance

while in the service and qualify them for civilian credentials to perform the same tasks when in civilian life. The objective is to make servicemen more "employable" by civilian criteria. An example of this is the cooperative links underway with The University of Texas at Arlington, The University of Texas at Dallas, and El Centro College and the U. S. Air Force School at Wichita Falls for the granting of academic credit to Air Force trainees. Specific efforts are being explored in the area of a physician assistant program.

The physician assistant programs identified by the career coordination phase of the project are now operational at Baylor Medical School in Houston, the Veterans Administration Hospital in Houston, and The University of Texas Medical School at San Antonio. Tentative physician assistant programs are being viewed for The University of Texas School of Allied Health Services in Galveston and The University of Texas School of Allied Health Professions in Dallas.

- Career ladder concepts have been identified and explored with the three major services (Air Force, Army and Navy) through the educators involved in their military programs and within civilian training institutions located in Texas. The most significant programs to date have been in the Navy program in which a corpsman can elevate himself through training and experience to become a physician. Attention has also been focussed on the job and productivity advancement through education within the civilian sector.

- Continuing education has been encouraged by the career coordinator segment of the project since the health field is recognized as a disciplinary complex in constant change.

  More than 40 civilian educational programs were assessed and identified by the career coordination segment in terms of military health personnel utilization when they transferred into civilian life.

- We are currently working with the Texas State Board of Vocational Nurse Examiners and various schools of vocational nursing to ascertain acceptable measures of credit equivalents for military training and its transferability to civilian institutions. These same avenues of exploration are underway within the laboratory field, dental and administrative fields of civilian schooling.

- The identification and assessment of civilian health occupations was performed by the Governor's Office of Comprehensive Health Planning through a separate contract with the Texas Hospital Association. The results of their survey were utilized by the MEDIHC staff in determining needs in counties and regions of the State. Determinations of precise qualification requirements were accomplished through the job coordination and counseling function of the project on an individual applicant/job placement basis.

- In fulfilling the above purpose of the contract, the vocational support system for the counseling of separatees included identification of questionnaires, tests, reviews of service records, etc. derived from the DOD, HEW, the MEDIHC program, and appropriate civilian institutions.

  Responding to this essential element of the vocational guidance support system, the career evaluation segment of the project identified the following testing service for use by medically trained personnel in the civilian sector. They are: Educational Testing Service of Princeton, New Jersey; College Level Entrance Placement Service in New York and its division office in Austin, Texas; PES - Professional Examination of APHA Service; National Committee on Careers in Medical Laboratory Field in Bethesda, Maryland; The University of Texas Educational Psychology Department - Testing and Management Center, Austin, Texas; and the Texas Employment Commission.

  The aforementioned vocational testing services are also viewed as elements of assistance in determining credit equivalency, advanced standing and mechansims for the identification of challenge exams in various health disciplines.

- Briefings and presentations were given by the career coordination staff to appropriate educational institutions to ensure the maximum amount of credit for military training and experience where such credits can be substantiated by objective and verifiable evidence. Furthermore, definition of credit equivalents and civilian educational entrance and advanced standing credits were explored through the assistance of the 47-member Task Force, a variety of junior and senior college health education/training program officials and national professional associations involved in this area.

  Use was made of Cornelius P. Turner's 1968 edition of A Guide to the Evaluation of Educational Experience in the Armed Services, and James J. Young's 1969 study, Former Servicemen of the Army Medical Service Department; A Profile and Assessment of an Un-Tapped Resource of Allied Health Manpower.

- Civilian licensure and ceritfication constraints were identified by the career coordination component and compiled in summary form in one section of the MEDIHC Handbook. Efforts are currently underway with nursing, dental and laboratory licensure boards and professional certifying bodies for recognition of credits derived from military training and experience. Examples of this activity are:

  a. Attorney General's opinion relative to time requirements for students in schools of vocational nursing. The transfer of credit is currently being reviewed through the establishment of programs in three pilot schools to test this approach.

  b. Recent decisions in the schools of professional nursing providing for the granting of one year's advanced standing in their schools for L.V.N. This practice is of a pilot nature at schools in Lubbock and Amarillo.

  c. Attempts to encourage more R.N. and L.V.N. trainees are being pursued in the state through pilot programs in San Antonio for students pursuing their education on a part-time and evening schedule basis.

The Texas MEDIHC Handbook

In an effort to identify and assess corpsman job characteristics and capabilities as they related to civilian health occupations, the MEDIHC staff developed a handbook to serve as a supportive tool for counselors in their work with applicants.

The careers coordination segment of the program provided the linkage with the various national, state and local groups from which pertinent data was obtained to accomplish this task. Special recognition is given to a liaison staff member from the Governor's Office of Comprehensive Health Planning who did the actual collection of the materials.

The Handbook covers:

a. All allied health educational programs and job descriptions in Texas. These are cross referenced and listed by region and county. It also includes the name, address, and telephone numbers of contact people within each institution. Pay scale ranges are included in the job description segment.

b. Counseling program information.

c. Categories of potential employers of health personnel in Texas.

d. Occupational, educational, and financial support opportunities for health careers in Texas. This section includes brochures and catalogs from all health and health-related training institutions in Texas.

e. Texas licensure and examination requirements for health professions. This includes dates, locations and fees for examinations.

f. Military information and veterans' benefits for Texas candidates. This section includes scholarships and loan assistance for veterans.

Community Involvement

During the earliest phases of the project development, in accordance with paragraph 5, Article I, Section II of the contract, it was identified that one of the most significant ways to strengthen the

program required the development of significant, consistent, and responsible coordination of activities with the many public and private interests that would have to participate with the Project staff in making Operation MEDIHC successful in Texas. To strengthen the program, three community involvement activities were undertaken: the formation of a Task Force, public appearances, and presentation of papers and articles.

1. The Texas MEDIHC Task Force

The Governor's Office of Comprehensive Health Planning responded to a request by the Project staff that a Task Force composed of key decision makers from the many institutions and organizations in the state that have a concern for health manpower be formed. It was felt that such a task force could effectively assist the staff in analyzing the many problems surrounding transition of servicemen and could take actions that might alter some of the constraints affecting transition. The Task Force thus functioned as a sounding board for problems and a resource for recommendations to solutions for those problems.

The membership of the Task Force was as follows:

Mr. John Hankins
Administrator
Space Center Memorial Hospital

Mrs. Lillian Taubert
Executive Director
Texas Nurses Association

Mr. John R. Croxson
Representative
Texas Department of Mental Health and Retardation

Dr. Robert Plunkett
Executive Director
Central Texas Regional Medical Education Foundation

Mr. Michael A. Harris
Education Director
Texas Nursing Home Association

Miss Sue Alder
Chief Consultant
Texas Education Agency

Mr. Bert Marcom
Representative
Texas Education Agency

Mr. John Gaston
Representative
Kilgore College

Mrs. Elizabeth C. Jones
President
Texas League for Nursing

Mrs. Pat Shuptrine
Past President
American Association of
Inhalation Therapists

Mr. Jim Robertson
Representative
Texas Employment Commission

Dr. Robert Bing
Dean
School of Allied Health
Sciences
The University of Texas
at Galveston

Mr. Frank Hejl
Personnel Director
State Department of Health

Mr. Robert W. Vogler, R.N.
Investigator
Medical Veterans Project
El Centro College

Mr. Tolmer S. McKinley
Education Director
Department of Defense

Dr. Forest Ward
Director
Program Development
Coordinating Board
Texas College and University
System

Mr. William F. Sands
Program Officer
Office of Education
Department of Health, Education
and Welfare

Dr. Thomas M. Spencer
President
San Jacinto Junior College

Mr. M. M. Plexco
President
Galveston College

Mr. Richard M. Wilson
Director of College Affairs
Central Texas College

Mrs. Gerry White, R.N.
Director
Allied Health Careers Institute
El Centro College

Miss Sylvia Doyle
Representative
Texas Association of Operating
Room Nurses

Dr. Wilbur A. Ball
President
McLennan Community College

Miss Estelle Hunt
Associate Regional Health Director
for Education and Manpower Training
Department of Health, Education
and Welfare

Mr. William Hazlewood, Jr.
Representative
Veterans Employment Service
U. S. Department of Labor

Dr. Hubert M. Dawson
President
Temple Junior College

Dr. John D. Bonnet
Representative
Texas Medical Association

Mr. M. James Thompson
President
Texas Chapter of American
Physical Therapy Association

Mrs. Madge Post
Representative
Licensed Vocational Nurses
Association of Texas

Mrs. Phyllis Goodrich, C.M.A.
Representative
Texas Medical Assistants
Association

Mr. O. Ray Hurst
Executive Vice President
Texas Hospital Association

Mr. Bob Jobes
Assistant Director
Texas Hospital Association

Mr. Marion Zetzman
Director
Comprehensive Health Planning
Governor's Office

Major J. R. Sparkman
Director of Personnel Services
Department of the Air Force

Mr. Herb Wilson, Jr.
Planning Analyst
Comprehensive Health Planning
Governor's Office

Dr. Jean Richardson
President
Del Mar College

Dr. Harry J. Parker
Acting Dean
Southwestern Medical School
The University of Texas at Dallas

Mr. Sid Rich
Executive Director
Texas Nursing Home Association

Miss Geri Piper
Program Consultant
National Institute of Health

Colonel Jerold L. Wheaton, Jr.
Commander
Department of the Air Force

Dr. Carlos Lozano, D.D.S.
Representative
Texas State Department of Health

Dr. Tom P. Sergeant
Chairman
Biology Department
Trinity University

Kay Copeland
Administrative Assistant
Comprehensive Health Planning
Office of the Governor of Texas

The Task Force in turn was sub-divided into five task groups:

a. Education Task Group; this group was comprised of Task Force members whose primary interest was in issues of educational constraints affecting transition.

b. Employment Task Group; this group was comprised of Task Force members whose primary interest was in issues affecting the employment constraints of the returning servicemen.

c. Equivalency Formulation Task Group; this group was comprised of Task Force members whose interest was in understanding the utilization of proficiency measures and credit equivalency measures for defining optimal placement potentials for returning servicemen.

d. Facilitation Task Group; this group was comprised of members who were neither employers nor educators necessarily, but whose decisions greatly influenced the actions taken by educators or employers. The members of this group represented such organizations as the Texas Medical Association, the Texas Hospital Association, etc.

e. Long-Range Planning Task Group; this group was comprised of members whose interest was in seeking to identify long-range objectives for health manpower, generally giving consideration to development of alterations in present methods of training indivuals, both within the civilian communities and the military, such that eventually disparities in certification, licensure, etc. might be removed.

During the contract year, the Task Force met on seven occassions.

The first Task Force meeting took place in Austin on April 23, 1970, considered the organizational form of the Task Groups, and sought to identify some of the major problem areas that the Task Force could give consideration to in support of the Project. During these meetings, many national and state leaders in the health profession participated, sharing their views on MEDIHC transition problems.

The following issues and recommendations were produced during that first Task Force meeting.

a. The need for equivalency studies to provide advanced standing for military health personnel entering civilian health educational programs.

b. Licensure constraints operating on the process of gaining professional status for appointments to occupations in the civilian health delivery system.

c. Maintenance of an up-to-date listing of all employment openings in the Texas health system, with salaries and fringe benefits, on-the-job training programs, and requirements placed on job applicants for entry into the health systems.

d. Comparable or lack of comparable part-time training and competence in the military and/or civilian health systems.

e. Information clearing service and handbook materials for project personnel so that full knowledge of employment and/or educational opportunities may be furnished to MEDIHC applicants.

f. Problems associated with effectiveness of a relatively small project staff in making face-to-face counseling available to all MEDIHC applicants.

g. The lack of equality in salaries between the military and civilian health systems.

h. Maintenance of a complete catalog of health educational opportunities and other related data.

i. The use of community colleges for training health personnel and the identification of a funding mechanism to accomplish this goal.

j. Of equal importance and interest to the Task Force was a review of the laws for professional and technical groups. It was determined that studies into the power of waiver for health laws, issuance of certifications, and affiliations with academic/technical programs should be given priority consideration.

k. Relative to the issues of employment, new titles were considered as a method of approach to overcome existing constraints.

l. In the area of employment, status identification for the medically trained servicemen was considered to be essential in mapping constructive outcomes.

m. It was further indicated that amendments of licensing/certification laws should be encouraged to permit military personnel to test for the specific disciplines of their interest and qualifications in the civilian health field.

n. Separation of transition counseling at separation centers was identified as broad-based need for all service areas. Coordinative efforts were recommended for communications with the V.A. system, Texas Employment Commission, and other agencies involved in manpower placement.

o. Employ medically trained military personnel in a variety of institutional environments, i.e., industrial first-aid offices, state and federal hospitals, and a variety of medical and health-related institutions.

p. The circulation of a roster of all MEDIHC candidates to a sampling of health and health-related institutions.

q. Promote on-going publicity through organized publications and professional associations.

The second Task Force meeting took place on June 2, 1970, in Austin, Texas. The agenda for this meeting was designed to give participants an opportunity to set forth their positions on major issues confronting Operation MEDIHC. The following was the agenda for that meeting:

Agenda

Operation MEDIHC Task Force Conference

9:00 a.m. MEDIHC Program Objectives and Purposes to be served

by Conference - Introduction of Conference Participants, Daniel J. Schneider, M.D.

9:15 a.m. Relevant Educational Ladders in Health Careers, Dr. Robert A. Plunkett, Regional Medical Programs of Texas.

9:30 a.m. Discussion by Task Force Members.

9:45 a.m. Texas Health Careers Program Collaboration with Operation MEDIHC, Bob Jobes, Texas Hospital Association.

10:00 a.m. Discussion.

10:15 a.m. Coffee Break.

10:45 a.m. Advanced Functional Entry into two year Allied Health Educational Programs at El Centro Junior College, Mrs. Gerry White, R.N.

11:00 a.m. Discussion.

11:15 a.m. Allied Health Professions Programs and Operation MEDIHC, Miss Geri Piper, Department of Health, Education and Welfare, Washington, D.C.

11:30 a.m. Discussion.

12:00 a.m. Lunch.

1:30 p.m. Health Manpower Planning and Program Coordination in Texas, Herb Wilson.

1:45 p.m. Discussion.

2:00 p.m. Counseling Progress Report, University of Texas School of Public Health, Operation MEDIHC, Al Holden, Senior Counselor.

2:15 p.m. Discussion.

2:30 p.m. Task Force Accomplishments and Future Roles in Operation MEDIHC, Daniel Schneider, M.D.

2:45 p.m. Discussion.

The following recommendations were voiced by the second Task Force participants:

a. That greater emphasis be placed on the selections of candidates who enter the medical services of the armed forces. It is believed that individual acceptance of the military occupation will facilitate the mobility of the corpsman in the civilian community.

b. That programs now in operation at military installations or those in planning be affiliated with colleges, universities, or accredited institutions. This is to prepare students for present licensure requirements.

c. Training and educational programs now in operation at military installations should be certified by the appropriate civilian certifying agency to assure students of meeting present licensure requirements.

d. It is recommended that a conference be called of all key personnel in the various health disciplines to discuss equivalency, advanced-standing and licensure. Additional objectives of such a conference would be to:

   (1) identify similarities and dissimilarities of needs across the broad spectrum of health systems.

   (2) identify present and proposed action programs related to health systems.

   (3) delineate gaps between needs and action programs.

   (4) develop additional action programs to reduce or eliminate the gaps.

   (5) share trends, objectives and priorities.

   (6) organize collaborative functions leading toward more centralized efforts.

The third Task Force meeting took place on July 27, 1970, in Austin, Texas. This Task Force meeting initiated a series of problem review sessions in which the project counseling staff selected cases which demonstrated the types of problems being experienced by separating servicemen. This procedure gave the Task

Force an opportunity to evaluate first hand the many problems of returning servicemen for whom the Project MEDIHC staff was seeking to identify means for resolution. The Task Force thus had opportunity to make very real and significant contributions to altering some of the restraints exposed.

The fourth Task Force meeting took place on October 8 and 9, 1970, in Temple, Texas. This Task Force developed specific recommendations on the minimization of licensure and certification constraints in the state as well as recommendations on improving program operations.

The fifth Task Force meeting took place on January 15, 1971, in Killeen, Texas. The Task Force on this occassion deliberated on the constraints surrounding the transition of laboratory personnel. National officials, key to defining certification constraints for laboratory personnel, from among the AMA Board of Schools, the AHA, the National Committee on Careers in the Laboratory Field, the American Society of Medical Technologists, the American Medical Technologists, and the American Society of Clinical Pathologists, participated in the review of cases presented and in deliberation of considerations for resolution of problems. The extension of Texas Project MEDIHC to June 30, 1971, also was presented and approved by the Task Force on this occassion.

The sixth Task Force meeting occurred on March 19, 1971, in Houston, Texas. At this meeting the Task Force considered

problems of management occupations. National and state officials of the Hospital Association, the Nursing Home Association, the Joint Commission on Accreditation of Hospitals, as well as local hospital administrators participated.

The seventh Task Force meeting took place on June 18 and 19, 1971, in Dallas, Texas. On this occassion the problems of the nursing occupations were considered. National and state officials from the nursing associations and the nursing leagues and academicians were present. The State Boards of Nursing Examiners and officials of special innovative programs for nursing skills participated. Counterpart officials from both military and civilian programs also participated.

In addition to the benefits that were manifest as expected through participation and deliberation on problems, other benefits were derived from the involvement of the Task Force. These included such spin-offs as assistance in placing applicants; development of modified training programs for military medical personnel at the Air Force Base at Wichita Falls, such that their program combined with the program at the School of Allied Health Sciences, The University of Texas in Dallas, would generate employables rather than unemployables; and the development of a strong concern for advanced standing in the L.V.N. Nursing Training Program such that the Attorney General of the state of Texas issued an interpretation of pertinent law permitting schools

of licensed trade vocational nursing to allow as much as nine months' credit.

2. Professional and Public Appearances

Briefings and presentations were given during the contract year by various staff members to many professional groups to ensure that servicemen receive the maximum amount of credit for military training and experience where such credits can be substantiated by objective and verifiable evidence. These briefings were given at the following institutions:

Texas Womens University
September 23, 1970
January 19, 1971

Houston Baptist College
September 23, 1970

Spohn Hospital

Hermann Hospital
November 23, 1970

U. of Texas School of Allied Health Professions
February 26, 1971

U. of Texas School of Allied Health Services
October 21, 1970
March 3, 1971

U. of Texas Medical Branch at Galveston
March 4, 1971

Southwestern Medical School at Dallas
June 1970

Texas Medical Society
September 18-19, 1970
March 4, 1971

Regional Medical Program of Texas
March 4, 1971

Texas Educational Agency
March 4, 1971

State Board of Vocational Nurse Examiners
October 20, 1970

Temple Junior College
October 9, 1970

McLennan Community College

Central Texas Junior College
January 15, 1971

Methodist Hospital
January 8, 1971
January 26, 1971
January 19, 1971

Kelsey Seybold Clinic
January 19, 1971

Texas Employment Commission
October 14, 1970
December 9, 1970
December 21, 1970
January 27, 1971

Houston Health Department
October 2, 1970
February 19, 1971

Ben Taub Hospital
March 18, 1971

Austin Council of Government
April 16, 1971

Houston Area Hospital Association
May 14, 1971

American Podiatry Association
October 25, 1970

Tarrant County Junior College
June 2, 1970

Laredo Junior College

Texas Public Health Association
September 25, 26, 1970
January 23, 1971

Dominican College
October 16, 1970
September 23, 1970
March 19, 1971

El Centro College
February 26, 1971

Texas Nursing Home Association
March 4, 1971

Del Mar College
April 7, 1971

Houston Independent School District
School of Vocational Nursing
April 28, 1971

St. Joseph Hospital
October 26, 1970

Baylor College of Medicine
December 17, 1970

Project HOPE

3. Papers, Articles, Reports and Films

During the contract year, the following papers were prepared for publication:

a. Schneider, D. J., M.D., M.P.H.. et al. "Increased Dental Manpower Through Utilization of Military Trained Personnel --- Texas MEDIHC Pilot Project." Submitted for publication to the Journal of the American Public Health Association in March 1971.

b. "Texas Project MEDIHC," an abstract to appear in Selected Studies in Medical Care and Medical Economics, Annual Report 1971. Blue Cross and Blue Shield Association.

The MEDIHC staff responded to a request from HEW's National Center for Health Services Research and Development to outline our concerns in the areas of health manpower licensure and certification. A copy of our response, sent to Ronald J. Wylie, is included in Appendix II.

Furthermore, a report on "Health Manpower: Review and Recommendations" was submitted to the Texas Urban Development Commission.

During the contract year the staff also participated in the production of one movie film for the Air Force in which a veteran was featured as a new employee of the Wichita Falls General Hospital. This film will be shown world-wide at Air Force bases. The purpose of the film is to encourage Air Force medical personnel to participate in the MEDIHC Project. A similar TV tape is under preparation with the U. S. Army.

4. Response from the Community

During the contract year there has been a very large number of responses from interested citizens, institutions and associations. Perhaps the most significant response has been that of the President of the United States, Mr. Richard Nixon, in the "President's Health Message," February 18, 1971.

> "In addition, this administration will expand nationwide the current MEDIHC program --- an experimental effort to encourage servicemen and women with medical training to enter civilian medical professions when they leave

> military duty. Of the more that 30,000 such persons who leave military service each year, two-thirds express an interest in staying in the health field but only about one-third finally do so. Our goal is to increase the number who enter civilian health employment by 2,500 per year for the next five years. At the same time, the Veterans Administration will expand the number of health trainees in V.A. facilities from 49,000 in 1970 to over 53,000 in 1972."

Other letters and endorsements have come from hospital administrators and private physicians (see Appendix II). Newspaper articles have featured the Texas MEDIHC Project in the New York Times and in the Dallas and Houston papers. The Texas Public Health Association passed a resolution supporting the MEDIHC Project, lending its endorsement to support any applications for future funding.

5. Support for Continued Activities

Because of the demonstrated effectiveness of the pilot project in developing systems capable of successfully supporting returning servicemen through the process of transition, the Regional Office of HEW staff identified a number of potential resources for continued support. The Governor's Office of Comprehensive Health Planning of the State of Texas was not in the position to continue the support which it had provided during the initial period. The HEW Regional Office staff identified that the Bureau of Health Manpower Education within the National Institutes of Health would be interested in supporting a continuation of the

project. A contract has been negotiated with that agency.

During the process of dealing with the many problems of the returning servicemen, the staff identified itself as being involved in a much broader set of health manpower issues. Responding to this milieu, the staff developed a prospectus for health manpower studies which sought to extend the scope of the staff's interest to related civilian health manpower issues and the study of health manpower development generally. As a consequence of this prospectus and the expertise that it reflected, together with the significant role that the project played as a teaching and research effort involving ten School of Public Health students during the first contract year, the staff of the Regional Office of HEW, Region 9, introduced the project director to the Special Projects staff of the National Institutes of Health. This agency office in turn responded with very positive encouragement, recommending that The University of Texas School of Public Health submit an application for funding of a curriculum enrichment program in health manpower under the auspices of Section 309 of the Public Health Act.

CHAPTER 6.

EVALUATION OF COUNSELING AND ENTRY INTO JOB/EDUCATION PROGRAMS

Objectives of the pilot MEDIHC Project in Texas were accomplished to an extent satisfactory to the project officer of the contract and to the project staff. Primarily, work under the pilot phase of the contract aimed at the successful transition of separatees who had received health training and experience during their years of military service and who placed applications with Texas Project MEDIHC for assistance in transition to civilian health careers. Other sections of this report give the methods and procedures by which the objectives were attained.

This section contains data quantifying the results of counseling, characterizing the applicants by several variables, showing movement of applicants through pivotal stages, discussion of findings and limitations of the data.

Some topics and data were selected for this section with the intent of providing baselines and suggesting methods which may be useful to other MEDIHC offices. Other topics, e.g., those dealing with efficacy of counseling models, are to meet particular requirements of the contract.

Definition of Terms

1. Availability for Placement. Counseling begins prior to separation for most applicants. This term designates that stage at which the applicant is available; not the date of application to MEDIHC.

2. Active File. The file of all applicants' records (regardless of availability) who have not been placed in the closed file.

3. Closed File. At that stage of counseling when determination of "success" or "failure" has been made regarding placement of an applicant in a civilian health job or educational setting, the applicant's records are moved into the closed file. Any "closed file" applicant may seek further guidance from the counselors, i.e., the term does not mean that services of the MEDIHC office are no longer available to him. Closed file cases who return for counseling services are not designated as new applicants.

Counseling status (as of a stated time) of each applicant was designated as in either:

a. Active file:
   (1) application received but not available for placement
   (2) available for placement

b. Closed file: i.e., "success" or "failure" had been determined.
   (1) successful placement ("success")
   (2) not placed in health career ("failure" or "unsuccessful")

Tables and comments on the findings from selected data follow.

Findings and Comments

Table 1 shows the status as of June 30, 1971, of 891 applicants to the Texas MEDIHC Project, March 1970 - June 1971. Of the 614 closed cases, 404 (66%) were successfully placed, and 210 were not placed in health careers. Of the 277 in active status, 125 remained available for placement; 152 will be available subsequent (at varying times of separation to June 30, 1971.

Table 2 shows applicants' status by four counseling models, the result of counseling for (a) Models One, Two and Three, and (b) Model Four as of June 30, 1971. Successful transition into civilian health occupation/education was accomplished for applicants assigned to Models One, Two and Three, respectively, for 74%, 58% and 45%, for ratios of approximately 5:4:3. Tables which follow contain more information which bears on determination of the relative efficiency of Models One, Two and Three discussed below. Of those in the closed file of Model Four, June 30, 1971, 74% were successes. Note that of the set (cohort) of applicants, 181 + 125 = 306, accumulated February - June 1971, 125 remained in the "active, available" category. This situation is important to interpretation of the 74% success ratio of Model Four since outcomes were not determined as of June 30 for nearly 1/3 of the set.

Table 3 shows closed file applicants by branch of service, success status and years in service. Awareness came early in the project experience that a bimodal distribution by years in service could be expected. Conjecturing that this variable might be associated with

TABLE 1

APPLICANTS' STATUS, JUNE 30, 1971

Counseling Status:		Total	Success Ratio%
Closed cases:		614	66
Successfully placed	404		
Unsuccessful	210		
Active Cases:		277	und.*
Available for placement	125		
Available after 6/30/71	152		
Total:		891	und.*

TABLE 2

APPLICANTS' STATUS BY COUNSELING MODELS, JUNE 30, 1971

	Result of Counseling				
Model:	Success	Failure	Und. *	Total	Success Ratio(%)
1	159	57	-	216	74
2	61	44	-	105	58
3	50	62	-	112	45
Subtotal	270	163	-	433	62
4 (Feb-June,1971)					
closed cases	134	47	-	181	74
active, available	-	-	125	125	und.*
not available	-	-	152	152	und.*
Subtotal	134	47	277	458	und.*
Total	404	210	277	891	und.*

*undetermined because counseling is not completed.

TABLE 3

APPLICANTS IN CLOSED FILE BY BRANCH OF SERVICE,

SUCCESS STATUS AND YEARS IN SERVICE, JUNE 30, 1971

	Army			Navy			Air Force			Other			Total				
Years In Service	Success	Failure	Total	Success	Failure	Total	Success	Failure	Total	Success	Failure	Total	Success	Failure	Total	Success Ratio (%)	
<2	5	2	7	3	2	5	1		1				9	4	13	69	
2	41	36	77	10	4	14		1	1		1	1	51	42	93	55	65
3	67	27	94	10	5	15	1	2	3	1		1	79	34	113	70	
4	7	3	10	48	21	69	41	22	63	1		1	97	46	143	68	
5	4	2	6	3	3	6	3		3				10	5	15	67	
6	6	3	9	1	1	2		1	1				7	5	12	58	
7	3	3	6	1		1	1		1				5	3	8	62	66
8	3		3	2	4	6	7		7				12	4	16	75	
9-19	8	2	10	4	5	9	6	3	9				18	10	28	64	
>19	46	25	71	18	6	24	47	25	72				111	56	167	66	
N.A.*	3		3	1		1		1	1	1		1	5	1	6	83	
Total	193	103	296	101	51	152	107	55	162	3	1	4	404	210	614	66	
Success Ratio (%)			65			66			66			75			66		

*Not ascertained

differing results from counseling, assignment of applicants was planned to alternate those with less than 10 years service between Models Two and Three likewise, for those of 10-or-more years of service. Data in Table 3 shows the bimodal pattern of applicants and that "years in service" were inconsequential to the outcomes of counseling. Similarly, "branch of service" was of no consequence on counseling outcome. Those applicants having more than 19 years service comprised 27% (167/614) of the closed file cases. Applicants from the Army having less than 4 years of service are distinctly more frequent than their counterparts from the Navy and Air Force.

Table 4 shows the distribution of applicants in the active file by branch of DOD service and years in service. One noticeable change from like data (Table 3) on closed cases appears in Air Force applicants to become available after June 30, 1971 and who have served more than 19 years. The percentage of applicants having served more than 19 years and appearing in the closed file (see Table 3) was 27%. Table 4 shows, likewise, for those applicants available for placement on June 30, 1971, approximately 29% (27/125) served more than 19 years; for those after June 30, 1971, 33% (53/152). Data not shown in these summary tables but derived by the same methods indicate that applicants having more than 19 years service sibmit applications earlier, prior to separation, and have longer spans between "first becoming available for placement" and being moved to the "closed file."

Table 5 shows applicants in the closed file by branch of service, success status and type of disposition (placement). Of the 614

TABLE 4

APPLICANTS IN ACTIVE FILE BY BRANCH OF SERVICE,

AND YEARS IN SERVICE, JUNE 30, 1971

Years in Service	On June 30, 1971				After June 30, 1971*				
	Army	Navy	Air Force	Total	Army	Navy	Air Force	Other	Total
<2		3		3	3	1			4
2	22	5	2	29	21	3			24
3	24	1	2	27	18	3	3		24
4	2	8	11	21	3	10	12	2	27
5	3			3	1	2			3
6	2	1	1	4	4	1			5
7	2			2	1		1		2
8			2	2	1		2		3
9-19	3	1	2	6	4	1	1		6
>19	13	4	10	27	14	4	34	1	53
N.A.	1			1			1		1
Total	72	23	30	125	70	25	54	3	152

*Essentially all are to be separated after June 30, 1971.

TABLE 5

APPLICANTS IN CLOSED FILE BY BRANCH OF SERVICE,

SUCCESS STATUS AND TYPE OF PLACEMENT

Placement Type	Army		Navy		Air Force		Other		Total		% of Total (614)
	Success	Failure	Success	Failure	Success	Failure	Success	Failure	Success	Failure	
Health Related:											
Job	131	-	57	-	75	-	2	-	265	-	43
School	50	-	35	-	24	-	0	-	109	-	18
Job & School	12	-	9	-	8	-	1	-	30	-	5
Non-Health	-	50	-	29	-	30	-	0	-	109	18
Lost Contact	-	53	-	22	-	25	-	1	-	101	16
Subtotal	193	103	101	51	107	55	3	1	404	210	-
Total	296		152		162		4		614		100
Success Ratio(%)	65		66		66		75		66		

closed cases, 265 (43%) were placed in health jobs; 109 (18%) in schools for education in health careers; 30 (5%) elected work-study placement, 109 (18%) elected "non-health" placements and 101 (16%) were "lost contacts." The lost contacts were concentrated in our early experience in Model Three. The methods we used in Model Three appear to have been conducive to losing contact because of delay in receipt of mail and other written-word communication by applicants at relatively long distances from counselor sites and associated factors which inhibited motivation on the part of both applicant and counselor. The "lost contact", 101/614, rate (16%), during the pilot program is viewed as being high. Our experience indicates that contact with applicants as soon as possible after receipt of their application and routine contact prior to date of availability assist in lowering the lost contact rate. Table 6 shows types of health jobs and educational programs for the successes.

Table 6 shows the major types of health jobs and educational programs into which applicants were placed. Of the 404 applicants successfully placed, 265 accepted jobs, 109 entered educational programs, and 30 combined part-time work with their education. The 12 specific categories of placement having highest frequencies were: Reenlistment (31), Medical Laboratory Technicians (31), Inhalation Therapists (19), Radiological Technicians (12), Registered Nurses (11), Licensed Practical Nurses (18), Surgical/Operating Room Technicians (16), Emergency Room and First Aide personnel (14), Hospital Technicians/Aides/Orderlies (38), Administrative personnel (21), and Unit Managers (15).

TABLE 6

APPLICANTS BY PLACEMENT IN HEALTH JOBS AND EDUCATIONAL PROGRAMS

(MARCH, 1970 - JUNE, 1971)

	Health Jobs	Educational Programs	Both*	Total	Per Cent
Diagnostic Services	27	9	5	41	10.1
Technologist/Technician	20	9	2	31	
Certified Lab Assistant	6	-	-	6	
EEG Technician	1	-	-	1	
Other	-	-	3	3	
Radiology	15	4	1	20	5.0
Radiologic Technician (ARRT)	6	-	-	6	
Radiologic Technician	5	1	-	6	
X-Ray Assistant	4	3	-	7	
Other	-	-	1	1	
Therapeutic Services	18	10	3	31	7.7
Inhalation Therapy	11	4	2	17	
Inhalation Therapy (ARIT)	2	-	-	2	
Recreation Therapy	2	2	-	4	
Social Worker	-	2	-	2	
Other	3	2	1	6	
Nursing Services	89	13	3	105	26.0
Registered Nurse	-	10	1	11	
Licensed Vocational Nurse	15	1	2	18	
Surgical/O.R. Technician	16	-	-	16	
Mental Health Worker	5	-	-	5	
Emergency Room/First Aide	14	-	-	14	
Hospital Technician	8	-	-	8	
Aides and Orderlies	30	-	-	30	
Other	1	2	-	3	
Other Professional and Technical	27	33	6	66	16.3
Physician	1	-	-	1	
Physician's Assistant	2	-	-	2	
Public Health and Environmental Health	6	-	-	6	
Other	18	33	6	57	
Other Personnel	58	40	12	110	27.2
Administration	9	12	-	21	
Unit Manager	15	-	-	15	
Supply and Material	8	-	-	8	
Sanitarian	5	1	-	6	
Other	14	3	1	18	
Not ascertained	7	24	11	42	
Re-enlistments	31			31	7.7
Total	265	109	30	404	100.0

*Elected both "job" and "education"; assigned to the education program.

Table 7 shows (for the period March 1970 - June 1971) the month in which 614 MEDIHC applicants (a) first became available for placement and (b) the month in which their records were shifted to the closed file. The table also shows that an additional 125 applicants still remained in the active file and were available for placement. The 125 applicants are arranged by the months in which they first became available for placement, providing a measure of the counselors' current backlog and the "waiting time" of active cases. Furthermore, another 152 applicants are to become first available for placement at varying dates subsequent to June 30, 1971.

The method depicted by this table was used for similar studies by counseling models, years in service and other variables. Data shown in Tables 8 and 9 were derived by this method.

Total closed cases (614) by month of first availability for each month are distributed by "month placed in the closed file" providing bases for computing average months between availability and closure of cases. For the set of cases (composed a closed cohort) becoming first available in the months of March 1970 - January 1971, the average months between availability and closure follows:

Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan. '71
5.2	3.0	3.6	3.3	2.1	2.3	3.0	2.3	2.6	2.7	2.0

As experience increased the average time was lowered. These averages plus observation of the spread of months shown in Table 6 between availability and closure indicate that counseling efforts for an appli-

TABLE 7

TOTAL APPLICANTS BY FIRST MONTH AVAILABLE FOR PLACEMENT AND MONTH PLACED IN CLOSED FILE

Month Available For Placement	Closed File Cases	Month Placed in Closed File															
		Apr '70	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan '71	Feb	Mar	Apr	May	Jun	Active File Cases
Mar '70	16	1	4	1	-	6	2	-	-	-	-	2	-	-	-	-	
Apr	34	6	10	7	1	7	-	-	-	-	1	1	1	-	-	-	
May	36		10	5	4	2	2	6	2	1	1	2	1	-	-	-	
Jun	37		-	10	4	5	6	4	2	-	1	5	-	-	-	-	
Jul	48				15	10	8	3	8	1	2	1	-	-	-	-	
Aug	41					17	8	5	4	3	-	1	-	1	2	-	1
Sep	51						12	9	13	1	6	3	4	1	-	2	1
Oct	42							14	12	4	1	5	4	1	-	1	
Nov	31								10	5	1	7	3	4	1	-	
Dec	35									8	6	4	11	2	1	3	
Jan '71	55										14	19	11	6	3	2	6
Feb	47											4	16	12	6	9	14
Mar	62												13	20	15	14	18
Apr	33													14	11	8	20
May	25														15	10	13
Jun	21															21	52
Total	614	7	24	23	24	47	38	41	51	23	33	54	64	61	54	70	125

Available after 6/30/71 152

Total active file cases 6/30/71 277

cant may be relatively unrewarding after 6 months beyond availability, and that closure of most cases can be accomplished within 3 months. Our experience indicates that these guidelines are acceptable, remembering that exceptional cases should be considered.

The 125 cases in the active, "available" file as of June 30 are distributed by month of first availability, identifying for our counselors that some cases have been in queue for several months. Such evidence assists counselors in planning to optimize the use of their efforts and resources.

Data of Table 8 were compiled by methods indicated in Table 7 and are a detailed arrangement of summary data shown in Table 2 for Models One, Two and Three. Table 8 shows the pattern of months lapsing between availability of applicants for placement and the shift of their records to the closed file together with the average lapsed time by "success" and "failure" within each model and for the total of each model. This lapsed time as a measure of efficiency characterizes Models one and two as being superior to Model three. Table 8 shows also that the applicants ultimately classified as "failures" remain in the active files (require a longer period of concern to counselors) longer than do those classified as "successes". We concluded that months in the "active, available file" is a reasonable measure of efficiency. This measure may have merit as one factor in appraising counselor accomplishments.

Table 9 shows data produced as an extension of the method introduced in Table 7 and was selected to display one way of keeping

TABLE 8

APPLICANTS IN MODELS 1, 2 AND 3 BY MONTHS BETWEEN BECOMING AVAILABLE AND BEING SHIFTED INTO CLOSED FILE

	Months Lapsed												Total Applicants	Average Months
	1*	2	3	4	5	6	7	8	9	10	11	12		
Model 1														
Success	61	32	28	9	12	-	6	1	2	7	1	-	159	2.4
Failure	18	17	9	3	3	4	-	1	2	-	-	-	57	2.2
Model 2														
Success	23	18	9	5	3	2	-	1	-	-	-	-	61	1.8
Failure	9	15	5	3	4	3	2	-	2	-	-	1	44	2.8
Model 3														
Success	10	6	4	9	9	7	1	1	1	-	-	2	50	3.6
Failure	-	4	11	17	12	9	6	1	2	-	-	-	62	4.2
Models 1, 2 and 3														
Success	94	56	41	23	24	9	7	3	3	7	1	2	270	2.5
Failure	27	36	25	23	19	16	8	2	6	-	-	1	163	3.2

*Applicants in this column were shifted to closed file in the month they became available for placement.

abreast of counselor case loads and their patterns of operation. Displayed by month are: (a) new applications, (b) when applicants first became available, (c) total applicants available each month and (d) those placed in the closed file each month by "successful" and "unsuccessful". The data show the counselors' load by month in the column "total available." Such data are important for planning monthly activities, allocating counselors' efforts, finding job openings and related topics. Also, patterns of past experience are shown, for example, in our experience:

1. Receipt of new applications varies appreciably from month-to-month.
2. The number of new applications per month is not highly correlated with the number first becoming available in the same month.
3. The column "total available" shows the counselors' load of active cases per month and that this load gradually increased to approximately 140 per month toward the end of 1970, but increased to above 175 per month for January - June, 1971. At the end of June, 1971, 125 applicants remained available; i.e., there were 195 available in the month, of whom 70 (see closed file, total column) were closed during the month. These 125 plus those first becoming available in July will constitute the months, load of active cases available for counseling. Note was made in March 1971 that the counselors' load was increasing precipitously. A new counseling site was opened in cooperation with the Air Force at Carswell Air Force Base (Fort Worth). The plateau-like effect on "total available" and reduction (April-June, 1971) in those "available from

TABLE 9

COUNSELORS' CASE LOAD AND DISPOSITION OF APPLICANTS BY MONTH, MARCH 1970 - JUNE 1971

Month	New* Applications	Applicants Available for Placement (Active File Data)			Placed in Closed File		
		First* Available	Available From Past Months	Total Available	Successful	Unsuccessful	Total
'70 Mar	47	16	-	16	-	-	-
Apr	74	34	16	50	3	4	7
May	54	36	43	79	15	9	24
Jun	54	37	55	92	18	5	23
Jul	38	48	69	117	18	6	24
Aug	46	42	93	135	28	19	47
Sep	48	52	88	140	30	8	38
Oct	35	42	102	144	26	15	41
Nov	39	31	103	134	24	27	51
Dec	47	35	83	118	17	6	23
'71 Jan	60	61	95	156	29	4	33
Feb	79	61	123	184	30	24	54
Mar	85	80	130	210	39	25	64
Apr	66	53	146	199	41	20	61
May	53	38	138	176	43	11	54
Jun	66	73	122	195	43	27	70
Total	891	739	-	-	404	210	614
After June 1971	-	152	125	277	-	-	-

*Applications are most often received before separation.

past months" is attributed largely to work at the Carswell office.

Table 10 shows the applicants of Model Four by "closed file, successes", their region of choice and region where placed. The regions referred to in Table 10 are the various Texas health regions as depicted in Figure 9. Also, applicants of the active file are distributed by region of desired placement. This type of information gives guidance to needs for exploring health job and educational opportunities in various geographic regions. Such information may be related to the counselor-applicant activities since MEDIHC counselors soon become aware that one important constraint (often encountered) to placement is the applicant's desire to locate within a circumscribed geographical area.

From these limited data, generalizations are hazardous. Some 22% (29/134) of the successes either expressed no preference or the data were not ascertained. Of the remaining 105, 64 (61%) were placed in the region of their choice. Since 39% accepted placement in regions other than that of their choice, one may assume that geographical preference may be offset by other factors.

Discussion of the Study of Three Counseling Models

A specified objective of our contract was to determine the relative efficiency of three differing models of counseling, previously discussed in this report. Briefly, Model One allowed all counseling techniques; Model Two allowed no face-to-face counseling; Model Three allowed only written communications. Allocation of applicants to Model

TABLE 10

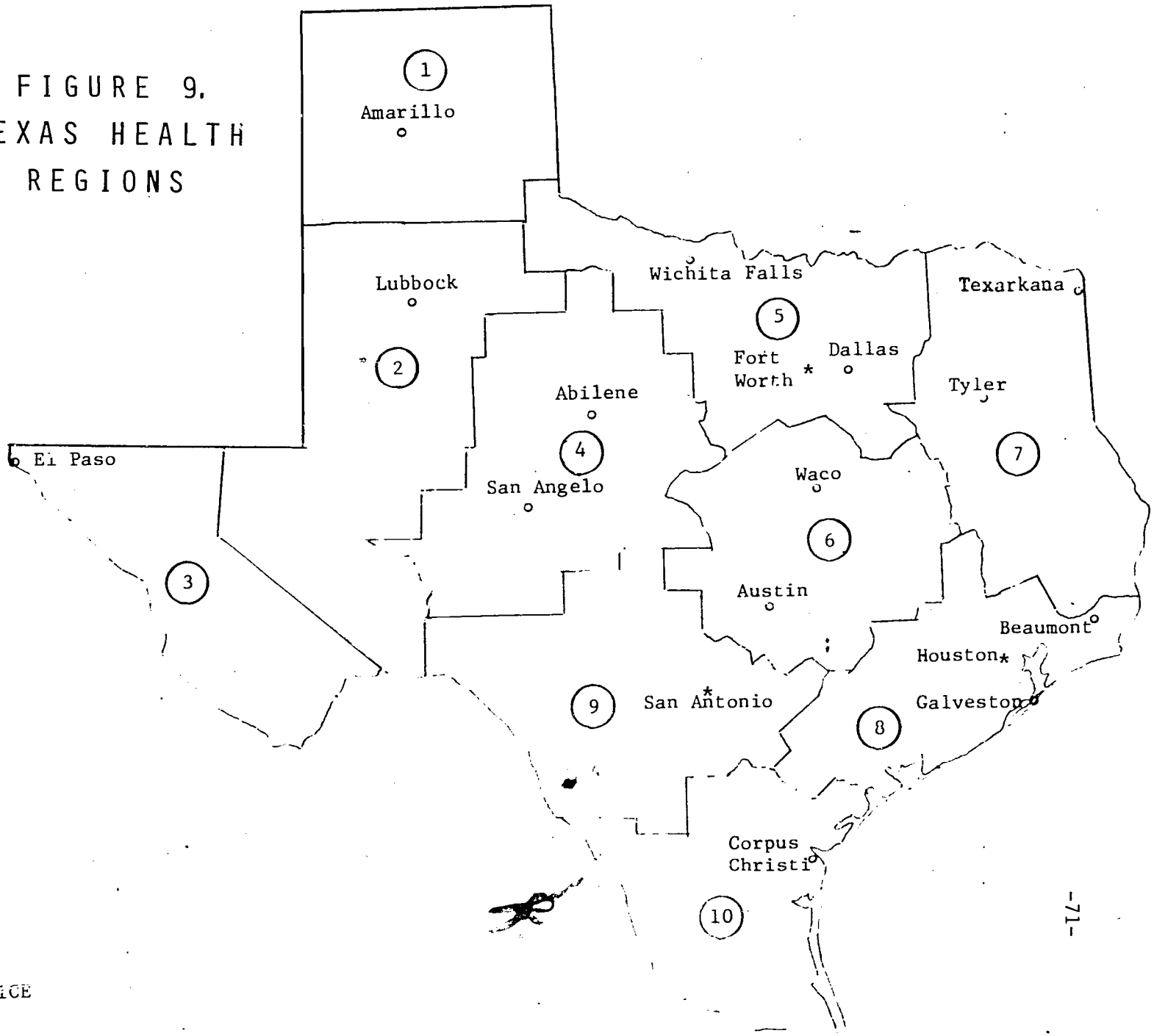
APPLICANTS OF MODEL "FOUR" BY TEXAS HEALTH REGIONS

(FEBRUARY - JUNE, 1971)

Region of Choice	Closed File: Successes												Active File (Desired Placement)
		Region Where Placed											
	Total	1	2	3	4	5	6	7	8	9	10	Other*	
1	-												-
2	2		1									1	6
3	3		1	1								1	10
4	-												3
5	26					15		1	4			6	46
6	11	1					5					5	15
7	4							3	1				10
8	39					1		2	28			8	66
9	17		1				1			8	1	6	30
10	3									1	2		16
NP-NA**	29	1				4				9	4	11	75
Total	134	2	3	1	-	20	6	6	33	18	7	38	277

*Reenlistment (8); out-of-state (18); other (12).
**No Preference or Not Ascertained.

FIGURE 9.
TEXAS HEALTH REGIONS



* MEDIHC OFFICE

One was economically feasible, under the contract, only by assigning those applicants who were to be discharged at military bases in Texas other than at El Paso. Applicants discharged at points other than those reserved to Model One were alternated between Models Two and Three, equalizing the number in each of the two groups: (a) those having less than 10 years of service and (b) those having 10-or-more years. This restriction of freedom of assignment understandably raises questions regarding outcomes of the study. Additionally, under the conditions where counselors were limited and separated by site, the applicants were not randomly assigned to counselors; therefore, "counselor effect" cannot be extricated. These limitations in design of the study should be considered before interpreting the results.

Results pertaining to the counseling models shown in Table 2 indicate that the success ratio for Model One was greater than for either Model Two of Model Three and that outcomes from Model Two were superior to those of Model Three. Relative success efficiencies of Models One, Two and Three appear respecitvely as 5:4:3. As explained above, "counselor effects" and "effects attributable to location at time of separation" cannot be extricated because of the study plan.

Summary: Under the less than ideal plan of study and as conducted in our experience the findings on both "success ratio" and "lapsed time in determining success-failure" are that Model Three was inferior and that Model One produced the most satisfactory results. Attempts at cost estimates by model produced no quantitatively satisfactory results other than the obvious fact that expenses by model

rank, highest to lowest, as Model One, Model Two and Model Three.

Our experience indicates that MEDIHC offices which must employ only or mainly written-word counseling methods may expect a 50% success ratio while those who can employ a broad spectrum of techniques may exceed 70% successes.

Reports on other special studies follow.

Cost Effectiveness of (1) the Three Vocational Guidance Models and (2) the Overall Project

(1) From discussion above of Table 2, counselor effectiveness appears to grade for models one, two and three approximately as 5:4:3 indicating that corrrespondence alone (as carried out in this project) is about 60% as effective as Model One. The question of the relative costs of these procedures was investigated. Under conditions of our operations, we were unable to extricate costs in ways that specifically related the cost elements to work on the different models. For example, correspondence was used in all of the models and was relatively constant with some excess attributable to Model Three. The one discriminating cost item between Model Three and Models One and Two was in salary and telephone for counselors working on Models One and Two. While we were dissatisfied with our cost accounting results for the three Models, our experience indicates clearly that Model Three was much less expensive than the other models; Model Two was less expensive than Model One. We estimate that per applicant cost for Model Three approximated 1/2 that for Model One.

(2) Cost effectiveness for the entire project was estimated as follows: (a) from published statements of the military, costs of training a person for their health duties are estimated to be $4,000 to $8,000 (b) from data collected on the project, annual salaries of those placed in jobs exceeded $6,000 per year. Using $6,000 as the estimated investment in training and $6,000 as annual income (or potential) for those successful in transition to civilian health careers, we calculated as follows for the first 16 months of the Texas MEDIHC Project operations.

Project cost, March 1970 - June 1971	$160,000
(a) Funds from Comprehensive Health Planning Office	$130,000
(b) School of Public Health Personnel and equipment, exclusive of (a) ..	$ 30,000
Applicants successful in transition	404
Accrued training costs per applicant	$ 6,000/year
Average annual income	$ 6,000/year
Total return per applicant	$ 12,000/year

From above, we calculate the return from the $160,000 investment to be $6,262,000, or a cost effectiveness ratio approximating 1:40, i.e., for $1.00 invested there was a return of some $40.00. This estimate was one basis for recommending continuation of the Texas MEDIHC Project.

Studies of Licensure-Accreditation, Equivalency and Advanced Standing Problems in the Transition Process

Reports of counselors on whether these problems were important or not in their attempts for successful transition of the applicants showed that one or more of these constraints hindered the transition for more than one-half of the applicants. Other factors hindering successful transition are: (a) low pay in civilian health jobs for which applicants qualify and (b) desire of applicants to reside in a circumscribed geographic area. Many applicants are confronted with more than one of the above. These constraints pose major problems for MEDIHC counselors and applicants.

Studies of Retention of Applicants Placed In Civilian Health Careers

In the investigation of this topic, difficulties were encountered. Among the problems were those of (1) unsuccessful attempts to locate placed applicants after the lapse of a few months, and (2) applicants placed in education/training career preparation have been especially difficult to locate and obtain their reports of continuation toward their health career goals. We have experimented with, but have come to no conclusion to date regarding optimum intervals for attempting to appraise retention. This phase of investigation needs continuing effort.

Assessments of the Data

Limitations to the data exist, among which are:

1. the application form used by the military for health trained separatees provides for relatively few variables, and the variables on the form were changed during the pilot study period,
2. applicants sometimes failed to enter responses on the application form and we were unsuccessful in recovering such missing information on some, notably those with whom we lost contact,
3. some bench marks against which we desired to make comparison were based on loosely defined estimates and may be inadequate,
4. due to economic and related factors, design and execution of studies of efficiency of three counseling models was less than optimum.

Procedures for data management and statistical evaluation did not exist prior to March 1970 and were developed as a part of the pilot phase. Often in developing statistical procedures, concessions were made to allow progress toward the major thrust of vocational guidance and transition rather than toward developing an optimal statistical plan.

Despite limitations, the data collected under the contract have produced evidence adequate for many decisions regarding transition of MEDIHC applicants in any state. Some of the evidence for such decisions has been presented. The first tables show gross products under the contract. Subsequent tables deal with refinements of the gross data with special topics. Results shown in this report were accumulated under operating conditions rather than from a highly

structured research undertaking. The results here reported are considered to be useful as relative measures of effectiveness rather than considering the absolute values.

CHAPTER 7

MANAGEMENT

The project staff from the outset of the pilot study has held that the development of clear management procedures was essential to development of a smooth project. It also was felt that this was essential in order to develop recommendations for management of projects in other states that might avail themselves of the pilot project's experiences. The following activities have been undertaken:

Texas Project MEDIHC "Operations Manual"

An Operations Manual with four parts has been organized as follows: (1) support staff, (2) counseling staff, (3) information management, and (4) MEDIHC forms.

1. Part I - Support Staff. This part of the manual sets forth procedures for support staff, including general guidelines for secretarial responsibilities, primary secretarial responsibilities, secretarial assignments to members of the MEDIHC staff, procedures for processing MEDIHC applicants, general procedures for communications and reports, administrative services and general office procedures.

2. Part II - Counseling Staff. This part of the manual attempts to orient the counseling staff to the objectives of counseling, program procedures, and vocational and educational guidance.

3. Part III - Information Management. This part sets forth guidelines for orderly management of information. The guidelines focus on the MEDIHC Statistical Codes, the MEDIHC Statistical Reports, and the use of applicant listings.

4. Part IV - MEDIHC Forms. This part compiled the current forms in use within the MEDIHC pilot project in addition to the MEDIHC application form.

Operational Guidelines

The Operational Guidelines is a document which attempts to set forth those functions which are recommended for a comprehensive state MEDIHC program. It is a package which delineates the management criteria for making decisions about the many program factors that must be considered in designing and managing such a comprehensive program. The detail of these operational guidelines is contained in Appendix I.

Reports

The project staff has prepared monthly and quarterly reports throughout the contract period. It has been the objective of these reports to summarize the experience gained and to relate this to the contractor, such that the contractor would remain apprised of: a) the types of case and information inputs that the project has been

experiencing; b) the process activities which the project has been engaged in; c) the effectiveness of the project in fulfilling the program objectives; d) the use of this information in evaluating the effectiveness of various process components and the formation of recommendations for alteration of program activities, such that the general effectiveness of applicant placements may be enhanced.

Joint DOD D-HEW Review Sessions

Orderly sessions were held at Ft. Sam Houston in San Antonio with responsible DOD and D-HEW coordinating staffs. These review sessions were held to review periodically the progress of the project and to evaluate the functions of the responsible agencies within the Department of Defense and D-HEW for their participation in achieving the objectives of Project MEDIHC. The deliberations of these sessions have focused on such problems as methods of encouraging separatees to apply for entry into the program; content and arrangement of data on the application card; definition of role and responsibility of DOD transition officers; coordination of various DOD transition activities with MEDIHC such as Project Referral; etc.

PART III.

RECOMMENDATIONS

THE RECOMMENDATIONS FALL INTO THE FOLLOWING THREE CATEGORIES:

A. NATIONAL MEDIHC PROGRAM

B. TEXAS MEDIHC PROJECT CONTINUATION

C. SPECIFIC PROBLEMS AND ISSUES AS EXPERIENCED IN TEXAS

APPENDIX I: OPERATIONAL GUIDELINES

A. NATIONAL M.E.D.I.H.C. PROGRAM

1. Establishment of state or regional M.E.D.I.H.C. programs ;

The following should be considered in the process of establishing each state or multi-state program.

a. A leadership office, such as the Office of the Governor, designate a task force with comprehensive membership drawn from a cross section of public or private professional and health related organizations and institutions/agencies for the purpose of:

(1) review of M.E.D.I.H.C. Guidelines set forth attached,

(2) selection of appropriate agency or institution for program operation,

(3) continued participation in M.E.D.I.H.C. problem and issues analysis,

(4) continued participation in development of recommendations and program redirection, and

(5) continued assistance to M.E.D.I.H.C. staff in applicant placement.

b. In selection of the agency responsible for program operation, the task force identified in a. above should consider the following criteria:

(1) have a close working relationship with all health related educational institutions.

(2) have a close working relationship with all employers of health related personnel.

(3) have a close working relationship with all professional organizations.

(4) have a close working relationship with state licensure boards.

(5) have a close working relationship with all appropriate state government agencies.

(6) have a close working relationship with vocational guidance and counseling services.

2. "OPERATIONAL GUIDELINES" for state or regional programs;

These "OPERATIONAL GUIDELINES" are recommended for consideration in operating state or multi-state M.E.D.I.H.C. programs. They are based on the experience of the Texas M.E.D.I.H.C. pilot project.

(THE OPERATIONAL GUIDELINES ARE PRESENTED IN APPENDIX I, PAGE 91.)

3. Development of a National M.E.D.I.H.C. Information System to:

a. Standardize forms for use in each state M.E.D.I.H.C. Program.

b. Collect, compile and disseminate national M.E.D.I.H.C. program statistics, problems and developments.

c. Provide each M.E.D.I.H.C. program with reports on the progress and innovations of the other M.E.D.I.H.C. programs.

d. Evaluate on a national basis, the problems faced by ex-military health trained personnel, which could result in the preparation

of reports with recommendations for action.

4. National Program of M.E.D.I.H.C. Coordination.

Augmentation of the role of the current national M.E.D.I.H.C. coordination office (or a similar office) through use of information derived from "3" above and through a national task force, or a similar body to evaluate continually:

a. DOD-DHEW M.E.D.I.H.C. responsibilities, e.g., develop training plans for health personnel while in the DOD service to the end that, at separation, licensure or accreditation in comparable health services will have been achieved.

b. licensure and certification issues that facilitate or impede interstate and intrastate mobility of health personnel, and

c. revise national and state M.E.D.I.H.C. policy and program design.

B. TEXAS M.E.D.I.H.C. PROJECT CONTINUATION

1. Continue Texas M.E.D.I.H.C. Project, June 1971 - June 1972, showing increased cooperation and support to M.E.D.I.H.C. offices in the states of Louisiana, Arkansas, Oklahoma and New Mexico.
2. Continue utilization of the heuristic management model of the original contract for purposes of appropriate, coninuous program methods modification (input-process-output-evaluation-program modification process).
3. Maintaining effective vocational guidance, add to the "job-opportunity-potential employer" list and the "training-opportunity" list.
4. Increase counselor's contact, M.E.D.I.H.C. information dissemination, and related training of D.O.D. transition officers toward the objective of increasing the number of M.E.D.I.H.C. applicants among separatees.
5. Develop brochures particularized to Texas M.E.D.I.H.C. and disseminate to applicants, potential employers and directors of health training programs.
6. Develop public information media announcements and stimulate their periodic utilization.
7. Develop periodic news releases around (a) human interest instances and (b) progress of the Texas program.

8. Establish with all applicants the continuing interest of the M.E.D.I.H.C. office in their civilian health career aspirations and progress - LET THEM KNOW THEY MAY RETURN FOR GUIDANCE SERVICES.
9. Continue and improve the health career coordination functions of the M.E.D.I.H.C. office; seek improvement in communications with critical agencies and persons regarding constraints and barriers affecting transition of health trained military separatees and of potential and actual steps taken toward alleviation or diminuation of the effects.
10. Continue the development of the automated data system to assist in evaluation; share the experience and techniques with other states.
11. Establish periodic follow-up procedures; seek optimal cycles of inquiry for those who elected to enter (a) employment, (b) training; evaluate retention and advancement in health careers.
12. Improve format and content of routine reports.
13. Publish on the Texas M.E.D.I.H.C. experience.
14. Continue the Task Force relationships and strive to improve communications with each member.
15. Concerted efforts will be directed to negotiations with the merit system, selective services, and classification officer of the State of Texas to re-evaluate and redefine job positions and descriptions within the state system whereby updated procedures and instructions can be incorporated in keeping with emerging trends in education and employment.

C. SPECIFIC PROBLEMS AND ISSUES AS EXPERIENCED IN TEXAS

1. Training Education and Incentive Program:

   a. Attention needs to be directed to the inhibitory effects of outmoded and unnecessary curricula and course content often required for obtaining licensure or certification and which may not have relevance to functional requirements of individuals in expected tasks or roles. As a corollary, appropriate and necessary curricula and course content needs to be defined for the various health specialties.

   b. Pilot approaches to educational programs in the health field need to be introduced and encouraged. Examples of these are:

      (1) nursing and medical support training programs at U.S.A.F. School of Health Care Sciences.

      (2) physician's assistant programs at the U.S.A.F. School of Health Care Sciences, University of Texas School of Allied Health Professions (Dallas), School of Allied Health Sciences (Galveston), and Medical Branch (San Antonio) as well as the joint program planned by the Baylor College of Medicine and Veterans Administration Hospital (Houston).

      (3) mid-management personnel program at Hermann Hospital in Houston.

(4) the advanced standing activities underway for licensed vocational nurses to schools of registered nursing such as in: Lubbock, Amarillo, and Abilene.

(5) the part-time program of registered and licensed vocational nursing currently operational in San Antonio for students desiring to pursue their careers on an evening or part time day scheduling.

(6) the El Centro College Med-Vet Project.

(7) the Associate Degree Nursing Program at: Del Mar College, San Antonio Community College, Laredo Junior College, San Angelo Junior College, and McLennan Community College.

c. Minimum standards for the establishment of the physician support programs, sometimes called Physician Assistant and Clinical Associate, needs to be reviewed relative to determining challenge exams for advanced standing.

2. Licensure, Certification and Equivalency:

a. Efforts need to be directed to the development of equivalency rating systems, particularly with reference to:

(1) development of challenge examinations and means of testing proficiency, and

(2) definition of mechanisms for advanced placement in educational and employment programs.

b. Licensure and certification practices need to be defined on the basis of functions performed. Particular attention should be directed to the establishment of criteria for licensure

aimed at reducing the multiplicity of accreditation and licensure bodies.

c. Licensure and certification examinations should be made more accessible in reference to frequency and location of such examinations.

d. Mechanisms and processes for the continuous measurement of functional and professional competency should be established and supervised.

e. Since there is a lack of coordination between and among organizations responsible for health personnel licensure and certification practices, concerted efforts to remedy this situation are appropriate.

3. Mobility, Functional Utilization and Information Gathering:

a. Efforts need to be directed to the development of a mechanism to facilitate mobility of personnel between systems (inter-institutional, interstate, international, military-civilian, etc.) through an equitable transfer of training, educational credit and experience factors.

b. The inflexibility of personnel utilization in health activities where functional competency has been demonstrated across occupational category boundaries, but they are not permitted to function in roles for which they hold no specified credentials, needs to be reviewed.

c. Unbiased efforts need to be undertaken to mute the effects of tradition (including age, sex and ethnic discrimination) and

political practices which impede functional utilization of health manpower.

d. A more active program of information gathering and dissemination related to supply, requirements, recruitment, education, and utilization within the health field must be undertaken as an essential first step in resolving the manpower crisis.

e. Means need be provided by which the economically, educationally, or socially disadvantaged can enter health careers and enjoy career mobility.

f. An aggressive counseling program is required. Advisors from the health discipline should be appointed and serve as consultants or advisors to the MEDIHC counselors. This group should be at the disposal of the MEDIHC staff.